

August 28, 2003
Montana Medicaid Notice
DME Providers

Medicaid Durable Medical Equipment, Orthotics, Prosthetics and Medical Supplies (DMEOPS) Payment Project

This document is the result of the Department's continued commitment in conducting utilization reviews of all services provided within each Medicaid program. Concerns among the Department and provider community have prompted the review of the reimbursement for DMEOPS within today's industry.

This document outlines the current and proposed reimbursement methodology of DMEOPS by Montana Medicaid. Any changes in the current reimbursement methodology are subject to the standard administrative rule-making process as provided in Title 2, Chapter 4 of the Montana Code Annotated.

Overview

Current reimbursement for DMEOPS is through a fee for service. Claims are submitted for payment using the procedure codes and modifiers as set forth, and defined within the national Healthcare Common Procedure Coding System (HCPCS). Providers must bill their usual and customary charge (UCC) for the item.

Implemented in the mid 1980s; the Department sets a fee based on the average submitted charge for a procedure code that had been billed at least 50 times the previous 12-month period. Lesser utilized procedure codes have never acquired enough billings to establish a set fee.

Until a permanent fee is set, reimbursement is 80% of the provider's submitted charge. In 1995, a provision was implemented to adopt the Medicare fee for newly introduced procedure codes until a permanent fee can be set as described. Wheelchairs and miscellaneous codes are not set with a permanent fee and reimbursement is 80% of the submitted charge.

Rate increases apply only to set fees and are limited to allocations authorized or directed by the Legislature. Some fees have only received minimal increases since their establishment in the 1980's.

Proposed Reimbursement Methodology

The Department is proposing to align reimbursement with current Medicare fee schedules for procedure codes where a Medicare fee is available. Excluded from Medicare fee schedule would be any generic, miscellaneous, or wheelchair procedure codes. Reimbursement for such excluded procedure codes would be 75% of the provider's submitted charge. For all other procedure codes where no Medicare fee is available, reimbursement would be 75% of the submitted charge until a reasonable fee is established through a pricing cluster.

A pricing cluster would consist of a current commercial database containing several product retail price lists from different manufacturers/distributors. Such pricing would be used to compare all provider charges for an item/service billed under a specific procedure code. The average charge from a 12-month period would be considered reasonable if equal to or less than the average retail price of the pricing cluster. Excluding wheelchair, generic and miscellaneous procedure codes, if the average charge is considered reasonable, a permanent fee will be set at 75% of the reasonable charge.

Estimated Impact

Reimbursement for most DMEOPS will remain a fee for service payment. Payments remain limited to the lower of the actual charge or the fee schedule amount. Claims processing would continue the use of procedure codes and modifiers set forth and defined within the national HCPCS. Providers would still be required to bill their UCC for the item/service.

By using simulated payments, the proposed reimbursement methodology attains budget neutrality. Claims paid data from SFY 2002 was used in budget simulations. In order to attain budget neutrality, items/services paid at a percentage of the billed charge are paid at 75% of the actual charges. Currently, 1347 procedure codes paid at a percentage of billed charges. Under the proposed payment methodology, that number decrease to only 591 codes. The majority of those codes include wheelchair, generic and miscellaneous procedure codes.

Existing provisions for DMEOPS payment categories will remain the same. Such categories include inexpensive or other routinely purchased DME; items requiring frequent and substantial servicing; customized items; other prosthetic and orthotic devices; capped rental items and oxygen services.

The Department and the provider community will benefit from a more rational and clear means of reimbursement that many states have adopted in part. Many providers find it easier to submit claims and verify payment levels when payment methods are aligned with Medicare. Similar payment methods also make it easier for the Department to calculate its payment on claims where Medicare is the primary payer and the Department is the secondary payer. Such benefits alone have the potential of great savings in administrative costs for both sides. The overall effect will allow greater access to quality items/services by more providers willing to work within the proposed payment methodology.

Contact Information

The intent of this document is solicit interested persons comments regarding the current and proposed reimbursement of DMEOPS by Montana Medicaid. Please provide comments by September 30, 2003.

Interested persons may submit written comments to: Frank Malek, Program Officer, Medicaid Services Bureau, P.O. Box 202951, Helena, MT 59620-2951. Electronic comments may also be sent to fmalek@state.mt.us.

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A4206		SYRINGE WITH NEEDLE STERILE 1CC	\$0.24	\$0.24
A4207		SYRINGE WITH NEEDLE STERILE 2CC	\$0.24	\$0.24
A4208		SYRINGE WITH NEEDLE STERILE 3CC	\$0.24	\$0.24
A4209		SYRINGE WITH NEEDLE STERILE 5CC OR GREATER	\$0.24	\$0.24
A4210		NEEDLE FREE INJECTION DEVICE	\$458.74	\$458.74
A4211		SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	80% OF BILLED	75% OF BILLED
A4212		NON-CORING NEEDLE	\$3.47	\$3.47
A4213		SYRINGE STERILE 20 CC OR GREATER	\$0.69	\$0.69
A4214		STERILE SALINE OR WATER 30 CC VIAL	\$1.70	\$1.75
A4215		NEEDLES ONLY STERILE ANY SIZE	\$0.99	\$0.99
A4221		SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER PER WEEK	\$20.55	\$22.26
A4222		SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP PER CASSETTE OR BA	\$40.79	\$44.17
A4230		INFUSION SET FOR EXTERNAL INSULIN PUMP NON-NEEDLE	80% OF BILLED	75% OF BILLED
A4231		INFUSION SET FOR EXTERNAL INSULIN PUMP NEEDLE TYPE	80% OF BILLED	75% OF BILLED
A4232		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP	80% OF BILLED	\$2.61
A4244		ALCOHOL OR PEROXIDE PER PINT	\$3.18	\$3.18
A4245		ALCOHOL WIPES PER BOX	80% OF BILLED	75% OF BILLED
A4246		BETADINE OR PHISOHEX SOLUTION PER PINT	80% OF BILLED	75% OF BILLED
A4247		BETADINE OR IODINE SWABS/WIPES PER BOX	\$3.58	\$3.58
A4250		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRI	80% OF BILLED	75% OF BILLED
A4253		BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE	\$41.66	\$35.87
A4254		REPLACEMENT BATTERY FOR USE W/HOME BLOOD GLUCOSE MONITOR	\$4.83	\$6.58
A4255		PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR 50 PER BOX	\$3.92	\$4.11
A4256		NORMAL LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	\$10.35	\$11.44
A4257		REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE,	\$12.69	\$12.75
A4258		SPRING-POWERED DEVICE FOR LANCET EACH	\$17.58	\$17.75
A4259		LANCETS PER BOX	\$11.53	\$12.74
A4265		PARAFFIN	80% OF BILLED	\$3.39
A4280		ADHESIVE SKIN SUPPORT ATTACH/USE W/EXTERNAL BREAST PROSTHESI	\$4.72	\$4.99
A4305		DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 50 ML OR GREAT	\$19.64	\$19.64
A4306		DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 5 ML OR LESS P	\$19.64	\$19.64
A4310		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (AC	\$9.16	\$6.99
A4311		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER	80% OF BILLED	\$14.84
A4312		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER	80% OF BILLED	\$16.65
A4313		INSERTION TRAY W/O DRAINAGE BAG W/INDWELLING CATH FOLEY TYP	80% OF BILLED	\$16.65
A4314		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F	\$28.32	\$23.02
A4315		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F	80% OF BILLED	\$23.02
A4316		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F	80% OF BILLED	\$24.14

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Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A4319		STERILE WATER IRRIGATION SOLUTION, 1000 ML.	\$6.04	\$6.33
A4320		IRRIGATION TRAY FOR BLADDER	\$5.45	\$4.72
A4321		THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	80% OF BILLED	75% OF BILLED
A4322		IRRIGATION SYRINGE BULB OR PISTON	80% OF BILLED	\$3.04
A4323		STERILE SALINE IRRIGATION SOLUTION 1000 ML.	80% OF BILLED	\$8.78
A4324		MALE EXT CATH W/ADH COATING	\$2.07	\$2.17
A4325		MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH.	\$1.72	\$1.80
A4326		MALE EXTERNAL CATHETER SPECIALTY TYPE EG; INFLATABLE FACE	80% OF BILLED	\$9.74
A4327		FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP EACH	80% OF BILLED	\$44.62
A4328		FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH EACH	80% OF BILLED	\$10.45
A4330		PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	\$2.32	\$6.08
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR	\$3.04	\$3.18
A4332		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH.	\$0.12	\$0.12
A4333		URINARY CATHETER ANCHORING DEVICE, ADHESIVE, EACH.	\$2.10	\$2.20
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH.	\$4.71	\$4.93
A4335		INCONTINENCE SUPPLY; MISCELLANEOUS	80% OF BILLED	75% OF BILLED
A4338		INDWELLING CATHETER; FOLEY TYPE TWO-WAY LATEX WITH COATING	\$11.53	\$12.26
A4340		INDWELLING CATHETER; SPECIALTY TYPE EG; COUDE MUSHROOM WI	80% OF BILLED	\$26.99
A4344		INDWELLING CATHETER FOLEY TYPE TWO-WAY ALL SILICONE	\$9.93	\$13.62
A4346		INDWELLING CATHETER; FOLEY TYPE THREE WAY FOR CONTINUOUS IR	\$7.19	\$17.85
A4347		MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE WITH OR WIT	80% OF BILLED	\$18.39
A4348		MALE EXTERNAL CATHETER, WITH INTEGRAL COLLECTION COMPARTMENT.	\$26.55	\$27.83
A4351		INTERMITTENT URINARY CATHETER; STRAIGHT TIP	\$1.55	\$1.54
A4352		INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	80% OF BILLED	\$5.46
A4353		INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES	\$6.67	\$7.00
A4354		INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$5.64	\$10.03
A4355		IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THRO	\$6.45	\$8.01
A4356		EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE EACH	\$51.97	\$43.34
A4357		BEDSIDE DRAINAGE BAG DAY OR NIGHT WITH OR WITHOUT ANTI REF	\$6.51	\$8.25
A4358		URINARY LEG BAG; VINYL WITH OR WITHOUT TUBE	\$5.14	\$6.36
A4359		URINARY SUSPENSORY WITHOUT LEG BAG	\$31.80	\$30.63
A4361		OSTOMY FACEPLATE	\$9.54	\$18.37
A4362		OSTOMY SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT	\$8.36	\$3.10
A4364		OSTOMY SKIN BOND OR CEMENT	\$8.10	\$2.49
A4365		OSTOMY ADHESIVE REMOVER WIPES 50 PER BOX	\$10.80	\$11.32
A4367		OSTOMY BELT	\$12.13	\$7.28
A4369		OSTOMY SKIN BARRIER LIQUID (SPRAY BRUSH ETC) PER OZ.	\$1.96	\$2.06
A4371		OSTOMY SKIN BARRIER POWDER PER OZ.	\$3.43	\$3.60

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Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A4372		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV STNDRD WEAR EACH	\$3.98	\$4.18
A4373		OSTOMY SKIN BARRIER W/FLANGE STNDRD WEAR ANY SIZE EACH	\$5.99	\$6.28
A4375		OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED PLASTIC EACH	\$16.38	\$17.18
A4376		OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED RUBBER EACH	\$45.38	\$47.58
A4377		OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE PLASTIC EACH	\$4.09	\$4.29
A4378		OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE RUBBER EACH	\$29.33	\$30.75
A4379		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH	\$14.33	\$15.02
A4380		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH	\$35.60	\$37.33
A4381		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED RUBBER EACH	\$4.40	\$4.61
A4382		OSTOMY POUCH URINARY FOR USE ON FACEPLATE HEAVY PLASTIC EA	\$23.48	\$24.62
A4383		OSTOMY POUCH URINARY FOR USE ON FACEPLATE RUBBER EACH	\$26.89	\$28.19
A4384		OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH	\$9.18	\$9.62
A4385		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV EXTND WEAR EACH	\$4.86	\$5.10
A4387		OSTOMY POUCH CLOSED W/STNDRD WEAR BARRIER W/CONVEXITY EACH	\$3.83	\$3.83
A4388		OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/OUT CONVEX EA	\$4.16	\$4.36
A4389		OSTOMY POUCH DRAINABLE W/STNDRD WEAR BARRIER W/CONVEX EACH	\$5.93	\$6.22
A4390		OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/CONVEX EACH	\$9.17	\$9.61
A4391		OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/OUT CONVEX EACH	\$6.74	\$6.74
A4392		OSTOMY POUCH URINARY W/STNDRD WEAR BARRIER W/CONVEX EACH	\$6.34	\$6.34
A4393		OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/CONVEXITY EACH	\$8.75	\$8.75
A4394		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH LIQUID PER FL OZ	\$2.46	\$2.58
A4395		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH SOLID PER TABLET	\$0.05	\$0.05
A4396		OSTOMY BELT, WITH PERISTOMAL HERNIA SUPPORT.	\$38.61	\$40.48
A4397		IRRIGATION SUPPLY; SLEEVE	80% OF BILLED	\$4.79
A4398		IRRIGATION SUPPLY; BAGS	80% OF BILLED	\$13.81
A4399		IRRIGATION SUPPLY; CONE/CATHETER	80% OF BILLED	\$10.44
A4400		IRRIGATION SET FOR IRRIGATION OF OSTOMY	\$49.72	\$41.54
A4402		OSTOMY LUBRICANT - PER OUNCE	\$1.93	\$1.60
A4404		OSTOMY RINGS EACH	80% OF BILLED	\$1.69
A4405		NONPECTIN BASED OSTOMY PASTE	\$3.40	\$3.40
A4406		PECTIN BASED OSTOMY PASTE	\$5.74	\$5.74
A4407		EXT WEAR OST SKN BARR <=4SQö	\$8.76	\$8.76
A4408		EXT WEAR OST SKN BARR >4SQö	\$9.87	\$9.87
A4409		1ST SKN BARR W FLNG <=4 SQö	\$6.22	\$6.22
A4410		OST SKN BARR W FLNG >4SQ¾	\$9.04	\$9.04
A4413		2 PC DRAINABLE OST POUCH	\$5.50	\$5.50
A4414		OSTOMY SKNBARR W FLNG <=4SQö	\$4.93	\$4.93
A4415		OSTOMY SKN BARR W FLNG >4SQö	\$6.00	\$6.00

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A4421		NOT OTHERWISE CLASSIFIED OSTOMY SUPPLIES	80% OF BILLED	75% OF BILLED
A4422		OST POUCH ABSORBENT MATERIAL	\$0.12	\$0.12
A4450		NON-WATERPROOF TAPE	\$0.09	\$0.09
A4452		WATERPROOF TAPE	\$0.36	\$0.36
A4455		ADHESIVE REMOVER OR SOLVENT	80% OF BILLED	\$1.26
A4458		REUSABLE ENEMA BAG	80% OF BILLED	75% OF BILLED
A4462		ABDOMINAL DRESSING HOLDER/BINDER EACH	80% OF BILLED	\$3.29
A4465		NON-ELASTIC BINDER FOR EXTREMITY	80% OF BILLED	75% OF BILLED
A4470		GRAVLEE JET WASHER	80% OF BILLED	75% OF BILLED
A4480		VABRA ASPIRATOR	80% OF BILLED	75% OF BILLED
A4481		THRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH	\$0.37	\$0.38
A4483		MOISTURE EXCHANGER DISP. FOR USE WITH INVASIVE MECH VENTILA	80% OF BILLED	75% OF BILLED
A4490		SURGICAL STOCKINGS ABOVE KNEE LENGTH EACH	\$29.58	75% OF BILLED
A4495		SURGICAL STOCKINGS THIGH LENGTH EACH	\$29.58	75% OF BILLED
A4500		SURGICAL STOCKINGS BELOW KNEE LENGTH EACH	\$29.58	75% OF BILLED
A4510		SURGICAL STOCKINGS FULL LENGTH EACH	\$29.58	75% OF BILLED
A4521		ADULT SIZE DIAPER SM EACH	\$0.73	\$0.73
A4522		ADULT SIZE DIAPER MED EACH	\$0.73	\$0.73
A4523		ADULT SIZE DIAPER LG EACH	\$0.73	\$0.73
A4524		ADULT SIZE DIAPER XL EACH	\$0.73	\$0.73
A4529		CHILD SIZE DIAPER SM/MED EA	\$0.73	\$0.73
A4530		CHILD SIZE DIAPER LG EACH	\$0.73	\$0.73
A4533		YOUTH SIZE DIAPER EACH	\$0.73	\$0.73
A4535		DISP INCONT LINER/SHIELD EA	\$0.41	\$0.41
A4536		PROT UNDERWR WSHBL ANY SZ EA	80% OF BILLED	75% OF BILLED
A4537		UNDER PAD REUSABLE ANY SZ EA	80% OF BILLED	75% OF BILLED
A4554		DISPOSABLE UNDERPADS ALL SIZES (E.G. CHUX'S)	\$0.36	\$0.36
A4556		ELECTRODES (E.G. APNEA MONITOR)	\$10.79	\$12.14
A4557		LEAD WIRES (E.G. APNEA MONITOR)	\$16.40	\$21.10
A4558		CONDUCTIVE PASTE OR GEL	80% OF BILLED	\$5.45
A4561		PESSARY, RUBBER, ANY TYPE.	\$18.41	\$18.41
A4562		PESSARY, NON RUBBER, ANY TYPE.	\$45.82	\$45.82
A4565		SLINGS	\$8.91	\$8.91
A4570		SPLINT	\$24.11	\$24.11
A4575		TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE	80% OF BILLED	75% OF BILLED
A4580		CAST SUPPLIES (E.G. PLASTER)	80% OF BILLED	75% OF BILLED
A4595		TENS SUPPLIES 2 LEAD PER MONTH	\$28.10	\$28.35
A4606		OXYGEN PROBE USED W OXIMETER	80% OF BILLED	75% OF BILLED

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Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A4608		TRANSTRACHEAL OXYGEN CATHETER, EACH.	\$58.32	\$58.15
A4609		TRACH SUCTION CATH CLSD SYS	\$14.30	\$14.30
A4610		MEDICATION SUPPLIES TO BE USED IN DURABLE MEDICAL EQUIPMENT	\$22.34	\$22.34
A4611		BATTERY HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATO	80% OF BILLED	\$196.45
A4612		BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$66.10	\$69.20
A4612	RR	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$6.61	\$6.92
A4613		BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$119.27	\$122.70
A4613	RR	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	\$11.94	\$12.27
A4614		PEAK EXPIRATORY FLOW RATE METER HAND HELD	\$23.14	\$23.78
A4615		CANNULA NASAL	\$2.57	\$2.57
A4616		TUBING UNSPECIFIED LENGTH	\$0.44	\$0.44
A4617		MOUTH PIECE	\$0.68	\$0.68
A4618		BREATHING CIRCUITS	\$3.88	\$7.56
A4620		VARIABLE CONCENTRATION MASK	\$3.74	\$3.74
A4621		TRACHEOTOMY MASK OR COLLAR	\$1.95	\$1.39
A4622		TRACHEOSTOMY OR LARYNGECTOMY TUBE	\$59.37	\$51.98
A4623		TRACHEOSTOMY INNER CANNULA (REPLACEMENT ONLY)	\$6.36	\$6.55
A4624		TRACHEAL SUCTION CATHETER ANY TYPE EACH	\$2.78	\$2.63
A4625		TRACHEOSTOMY CARE OR CLEANING STARTER KIT	\$5.26	\$6.93
A4626		TRACHEOSTOMY CLEANING BRUSH EACH	80% OF BILLED	\$3.19
A4627		SPACER BAG OR RESERVOIR WITH OR WITHOUT MASK FOR USE WITH	80% OF BILLED	75% OF BILLED
A4628		OROPHARYNGEAL SUCTION CATHETER EACH	\$3.65	\$3.65
A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$4.51	\$4.61
A4630		REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED B	\$27.45	\$6.25
A4631		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WH	80% OF BILLED	\$99.97
A4632		INFUS PUMP RPLCEMNT BATTERY	80% OF BILLED	75% OF BILLED
A4633		UVL REPLACEMENT BULB	\$41.04	\$41.04
A4634		REPLACEMENT BULB TH LIGHTBOX	80% OF BILLED	75% OF BILLED
A4635		UNDERARM PAD CRUTCH REPLACEMENT EACH	80% OF BILLED	\$5.12
A4636		REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH	80% OF BILLED	\$4.21
A4637		REPLACEMENT TIP CANE CRUTCH WALKER EACH.	\$1.73	\$1.81
A4639		INFRARED HT SYS REPLCMNT PAD	\$287.21	\$287.21
A4640		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATIN	\$70.51	\$63.32
A4649		SURGICAL SUPPLY; MISCELLANEOUS	80% OF BILLED	75% OF BILLED
A4660		SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH	80% OF BILLED	75% OF BILLED
A4663		BLOOD PRESSURE CUFF ONLY	80% OF BILLED	75% OF BILLED
A4670		AUTOMATIC BLOOD PRESSURE MONITOR	80% OF BILLED	75% OF BILLED
A4712		WATER STERILE	80% OF BILLED	75% OF BILLED

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Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A4714		TREATED WATER (DEIONIZED DISTILLED REVERSE OSMOSIS)	80% OF BILLED	75% OF BILLED
A4772		DEXTROSTICK OR GLUCOSE TEST STRIPS PER BOX	80% OF BILLED	75% OF BILLED
A4927		GLOVES STERILE OR NON-STERILE PER PAIR	80% OF BILLED	75% OF BILLED
A4928		SURGICAL MASK, PER 20	80% OF BILLED	75% OF BILLED
A4930		STERILE GLOVES PER PAIR	80% OF BILLED	75% OF BILLED
A4931		REUSABLE ORAL THERMOMETER	80% OF BILLED	75% OF BILLED
A4932		REUSABLE RECTAL THERMOMETER	80% OF BILLED	75% OF BILLED
A5051		POUCH CLOSED; WITH BARRIER ATTACHED (1 PIECE)	\$2.57	\$2.57
A5052		POUCH CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	80% OF BILLED	75% OF BILLED
A5053		POUCH CLOSED; FOR USE ON FACEPLATE	80% OF BILLED	\$1.74
A5054		POUCH CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	\$1.92	\$1.92
A5055		STOMA CAP	80% OF BILLED	\$1.39
A5062		POUCH DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)	80% OF BILLED	\$2.09
A5063		POUCH DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SY	\$2.21	\$2.21
A5071		POUCH URINARY; WITH BARRIER ATTACHED (1 PIECE)	\$6.03	\$6.03
A5072		POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	80% OF BILLED	\$2.99
A5073		POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	\$3.40	\$3.40
A5081		CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	80% OF BILLED	\$2.81
A5082		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	80% OF BILLED	\$11.89
A5093		OSTOMY ACCESSORY; CONVEX INSERT	\$2.02	\$1.95
A5102		BEDSIDE DRAINAGE BOTTLE RIGID OR EXPANDABLE	80% OF BILLED	\$22.42
A5105		URINARY SUSPENSORY; WITH LEG BAG WITH OR WITHOUT TUBE	80% OF BILLED	\$39.33
A5112		URINARY LEG BAG; LATEX	80% OF BILLED	\$34.62
A5113		LEG STRAP; LATEX REPLACEMENT ONLY PER SET	80% OF BILLED	\$4.00
A5114		LEG STRAP; FOAM OR FABRIC REPLACEMENT ONLY PER SET	\$9.82	\$8.94
A5119		SKIN BARRIER; WIPES BOX PER 50	\$9.35	\$10.85
A5121		SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH	80% OF BILLED	\$7.46
A5122		SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH	80% OF BILLED	\$10.92
A5126		ADHESIVE; DISC OR FOAM PAD	80% OF BILLED	\$1.32
A5131		APPLIANCE CLEANER INCONTINENCE AND OSTOMY APPLIANCES PER 1	80% OF BILLED	\$14.66
A5200		PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE ADHES SKIN ATTA	\$10.99	\$11.29
A5500		(DIAB.) FITTING CUSTOM PREP AND SUPPLY OF DEPTH-INLAY SHOE	80% OF BILLED	75% OF BILLED
A5501		(DIAB.) FITTING/CUSTOM PREP/SUPPLY OF SHOE MOLDED FROM CAST	80% OF BILLED	75% OF BILLED
A5503		(DIAB.) MODIF. OF DEPTH-INLAY OR CUST MOLDED SHOE W/ROLLER	80% OF BILLED	75% OF BILLED
A5504		(DIAB.) MOD. OF DEPTH-INLAY SHOE OR CUST MOLDED SHOE W/WEDGE	80% OF BILLED	75% OF BILLED
A5505		(DIAB.) MOD OF DEPTH-INLAY SHOE OR CUS MOLDED SHOE W/MT BAR	80% OF BILLED	75% OF BILLED
A5506		(DIAB.) MOD OF DEPTH-INLAY OR CUS MOLDED SHOE W/OFFSET HEEL	80% OF BILLED	75% OF BILLED
A5507		(DIAB.) NOS MOD OF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A5508		DIABETICS ONLY DELUXE FEATURE OFF-THE-SHELF DEPTH-INLAY SHOE	80% OF BILLED	75% OF BILLED
A5509		FOR DIABETICS ONLY, DIRECT FORMED, MOLDED TO FOOT WITH EXTERNAL HEAT	80% OF BILLED	75% OF BILLED
A5510		FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT FOOT	80% OF BILLED	75% OF BILLED
A5511		FOR DIABETICS ONLY, CUSTOM-MOLDED FROM MODEL OF PATIENT'S FOOT, MULTIPLE	80% OF BILLED	75% OF BILLED
A6000		NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT	80% OF BILLED	75% OF BILLED
A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	\$30.62	\$30.96
A6011		COLLAGEN GEL/PASTE WOUND FIL	\$2.28	\$2.28
A6021		COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH.	\$21.04	\$21.02
A6022		COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. LESS 48 SQ. IN., EA.	\$20.05	\$21.02
A6023		COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH.	\$181.51	\$190.30
A6024		COLLAGEN DRESSING, WOUND FILLER, PER 6 INCHES.	\$5.90	\$6.19
A6025		SILICONE GEL SHEET EACH	80% OF BILLED	75% OF BILLED
A6154		WOUND POUCH EACH	80% OF BILLED	\$14.36
A6196		ALGINATE DRESSING WOUND COVER PAD SIZE 16 SQ IN OR LESS EACH	\$7.01	\$7.35
A6197		ALGINATE DRESSING >16 <= 48 SQ INCHES - EACH DRESSING	\$15.68	\$16.44
A6198		ALGINATE DRESSING PAD SIZE MORE THAN 48 SQ IN EACH	80% OF BILLED	75% OF BILLED
A6199		ALGINATE DRESSING WOUND FILLER PER 6 INCHES	\$5.04	\$5.29
A6200		COMPOSITE DRESSING PAD SIZE =< 16 SQ IN W/OUT ADHES BORDR	\$9.24	\$9.50
A6201		COMPOSITE DRESSING PAD SIZE>16 & <= 48 SQ IN W/OUT ADH BDR	\$20.24	\$20.80
A6202		COMPOSITE DRESSING PAD SIZE >48 SQ IN W/OUT ADHES BORDER	\$33.94	\$34.88
A6203		COMPOSITE DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH	\$3.19	\$3.35
A6204		COMPOSITE DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN	\$5.94	\$6.23
A6205		COMPOSITE DRESSING MORE THAN 48 SQ IN ADHESIVE BORDER EACH	\$4.57	\$4.57
A6206		CONTACT LAYER 16 SQ IN OR LESS EACH DRESSING	\$0.97	\$0.97
A6207		CONTACT LAYER MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN EACH	\$7.00	\$7.34
A6208		CONTACT LAYER MORE THAN 48 SQ IN EACH DRESSING	\$3.42	\$3.42
A6209		FOAM DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EACH	\$7.14	\$7.48
A6210		FOAM DRESSING WOUND COVER >16 <= 48 SQ. IN W/O ADHES BORDER	\$19.00	\$19.92
A6211		FOAM DRESSING WOUND COVER >48 SQ IN W/O ADHESIVE BORDER EA	\$28.01	\$29.37
A6212		FOAM DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH	\$9.25	\$9.70
A6213		FOAM DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN W/ADH	80% OF BILLED	75% OF BILLED
A6214		FOAM DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EACH	\$9.82	\$10.29
A6215		FOAM DRESSING WOUND FILLER PER GRAM	\$2.33	\$2.33
A6216		GAUZE NON-IMPREGNATED NON-STERILE 16 SQ IN OR LESS W/O ADH B	\$0.05	\$0.05
A6217		GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 16 LESS THAN/EQU	\$0.40	\$0.40
A6218		GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 48 SQ IN W/O ADH	\$0.58	\$0.58
A6219		GAUZE NON-IMPREGNATED 16 SQ IN OR LESS W/ADHESIVE BORDER EA	\$0.91	\$0.95
A6220		GAUZE NON-IMPREGNATED MORE THAN 16 LESS THAN/EQUAL TO 48 SQ	\$2.46	\$2.58

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A6221		GAUZE NON-IMPREGNATED MORE THAN 48 SQ IN W/ADHESIVE BORDER E	80% OF BILLED	75% OF BILLED
A6222		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE 16 SQ IN	\$2.03	\$2.13
A6223		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA	\$2.30	\$2.42
A6224		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA	\$3.44	\$3.61
A6228		GAUZE IMPREGNATED WATER OR NORMAL SALINE 16 SQ IN OR LESS W	80% OF BILLED	75% OF BILLED
A6229		GAUZE IMPREGNATED WATER OR NORMAL SALINE MORE THAN 16 LESS T	\$3.44	\$3.61
A6230		GAUZE IMPREGNATED WATER OR NORMAL SALINE MORE THAN 48 SQ IN	80% OF BILLED	75% OF BILLED
A6231		GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, EACH.	\$4.46	\$4.68
A6232		GAUZE, IMPREGNATED, HYDROGEL, GREATER THAN 16 SQ. IN., EACH.	\$6.57	\$6.88
A6233		GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE MORE THAN 48 SQ. IN., EACH.	\$18.30	\$19.19
A6234		HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER	\$6.24	\$6.54
A6235		HYDROCOLLOID DRESSING MORE THAN 16 SQ IN LESS THAN/EQUAL T	\$16.05	\$16.82
A6236		HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDE	\$25.99	\$27.25
A6237		HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER	\$7.54	\$7.91
A6238		HYDROCOLLOID DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ	\$21.74	\$22.79
A6239		HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER	\$18.24	\$18.24
A6240		HYDROCOLLOID DRESSING WOUND FILLER PASTE PER FLUID OUNCE	\$11.68	\$12.24
A6241		HYDROCOLLOID DRESSING WOUND FILLER DRY FORM PER GRAM	\$2.45	\$2.57
A6242		HYDROGEL DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EA	\$5.79	\$6.07
A6243		HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN	\$11.75	\$12.31
A6244		HYDROGEL DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDER	\$37.46	\$39.28
A6245		HYDROGEL DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH	\$6.93	\$7.27
A6246		HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN	\$9.46	\$9.92
A6247		HYDROGEL DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EA	\$22.68	\$23.78
A6248		HYDROGEL DRESSING WOUND FILLER GEL PER FLUID OUNCE	\$15.49	\$16.24
A6250		SKIN SEALANTS PROTECTANTS MOISTURIZERS OINTMENTS ANY TYPE	80% OF BILLED	75% OF BILLED
A6251		SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/O ADHESIV	\$1.90	\$1.99
A6252		SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL	\$3.10	\$3.25
A6253		SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/O ADHES	\$6.05	\$6.34
A6254		SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/ADHESIVE	\$1.16	\$1.21
A6255		SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL	\$2.89	\$3.03
A6256		SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/ADHESIVE	80% OF BILLED	75% OF BILLED
A6257		TRANSPARENT FILM 16 SQ. IN. OR LESS EACH DRESSING	\$1.46	\$1.53
A6258		TRANSPARENT FILM MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN	\$4.10	\$4.30
A6259		TRANSPARENT FILM MORE THAN 48 SQ. IN. EACH DRESSING	\$10.43	\$10.94
A6260		WOUND CLEANSERS ANY TYPE ANY SIZE	80% OF BILLED	75% OF BILLED
A6261		WOUND FILLER GEL/PASTE PER FLUID OUNCE NOT ELSEWHERE CLAS	80% OF BILLED	75% OF BILLED
A6262		WOUND FILLER DRY FORM PER GRAM NOT ELSEWHERE CLASSIFIED	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A6266		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE ANY W	\$1.83	\$1.92
A6402		GAUZE NON-IMPREGNATED STERILE 16 SQ IN OR LESS W/O ADHESI	\$0.12	\$0.12
A6403		GAUZE NON-IMPREGNATED STERILE MORE THAN 16 LESS THAN/EQUAL	\$0.41	\$0.43
A6404		GAUZE NON-IMPREGNATED STERILE MORE THAN 48 SQ IN W/O ADHESIV	80% OF BILLED	75% OF BILLED
A6410		STERILE EYE PAD	80% OF BILLED	\$0.39
A6411		NON-STERILE EYE PAD	80% OF BILLED	75% OF BILLED
A6412		OCCLUSIVE EYE PATCH	80% OF BILLED	75% OF BILLED
A6421		PAD BANDAGE >=3 <5IN W /ROLL	80% OF BILLED	75% OF BILLED
A6422		CONF BANDAGE NS >=3<5öW/ROLL	80% OF BILLED	75% OF BILLED
A6424		CONF BANDAGE NS >=5öW /ROLL	80% OF BILLED	75% OF BILLED
A6426		CONF BANDAGE S >=3<5ö W/ROLL	80% OF BILLED	75% OF BILLED
A6428		CONF BANDAGE S >=5ö W /ROLL	80% OF BILLED	75% OF BILLED
A6430		LT COMPRES BDG >=3<5öW /ROLL	80% OF BILLED	75% OF BILLED
A6432		LT COMPRES BDG >=5öW /ROLL	80% OF BILLED	75% OF BILLED
A6434		MO COMPRES BDG >=3<5öW /ROLL	80% OF BILLED	75% OF BILLED
A6436		HI COMPRES BDG >=3<5öW /ROLL	80% OF BILLED	75% OF BILLED
A6438		SELF-ADHER BDG >=3<5öW /ROLL	80% OF BILLED	75% OF BILLED
A6440		ZINC PASTE BDG >=3<5öW /ROLL	80% OF BILLED	\$11.38
A6501		COMPRES BURNGARMENT BODYSUIT	80% OF BILLED	75% OF BILLED
A6502		COMPRES BURNGARMENT CHINSTRP	80% OF BILLED	75% OF BILLED
A6503		COMPRES BURNGARMENT FACEHOOD	80% OF BILLED	75% OF BILLED
A6504		CMPRSBURNGARMENT GLOVE-WRIST	80% OF BILLED	75% OF BILLED
A6505		CMPRSBURNGARMENT GLOVE-ELBOW	80% OF BILLED	75% OF BILLED
A6506		CMPRSBURNGRMNT GLOVE-AXILLA	80% OF BILLED	75% OF BILLED
A6507		CMPRS BURNGARMENT FOOT-KNEE	80% OF BILLED	75% OF BILLED
A6508		CMPRS BURNGARMENT FOOT-THIGH	80% OF BILLED	75% OF BILLED
A6509		COMPRES BURN GARMENT JACKET	80% OF BILLED	75% OF BILLED
A6510		COMPRES BURN GARMENT LEOTARD	80% OF BILLED	75% OF BILLED
A6511		COMPRES BURN GARMENT PANTY	80% OF BILLED	75% OF BILLED
A6512		COMPRES BURN GARMENT NOC	80% OF BILLED	75% OF BILLED
A7000		CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH	\$9.10	\$9.54
A7001		CANISTER NON-DISPOSABLE USED WITH SUCTION PUMP EACH	\$31.55	\$33.08
A7002		TUBING USED WITH SUCTION PUMP EACH	\$3.65	\$3.83
A7003		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB DISPOS	\$2.61	\$2.74
A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER DISPOSABLE	\$1.72	\$1.80
A7005		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB NON-DISP	\$29.40	\$30.83
A7006		ADMIN SET W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	\$9.10	\$9.54
A7007		LARGE VOLUME NEB DISP UNFILLED USED W/ AEROSOL COMPRESSOR	\$4.40	\$4.61

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
A7008		LARGE VOLUME NEB DISP PREFILLED USED W/ AEROSOL COMPRESSOR	\$10.49	\$11.00
A7009		RESERVOIR BOTTLE NON-DISPOS USED W/ LG VOL ULTRASONIC NEB	\$40.10	\$42.04
A7010		CORRUGATED TUBING DISPOSABLE USED W/LG VOLUME NEB 100 FT	\$22.50	\$23.59
A7011		CORRUGATED TUBING NON-DISPOS USED W/ LG VOLUME NEB 10 FT	80% OF BILLED	75% OF BILLED
A7012		WATER COLLECTION DEVICE USED WITH LARGE VOLUME NEBULIZER	\$3.61	\$3.78
A7013		FILTER DISPOSABLE USED WITH AEROSOL COMPRESSOR	\$0.79	\$0.83
A7014		FILTER NON-DISPOS USED W/ AEROSOL COMPRESSOR OR U/S GENERA	\$4.28	\$4.49
A7015		AEROSOL MASK USED WITH DME NEBULIZER	\$1.79	\$1.88
A7016		DOME AND MOUTHPIECE USED W/SM VOLUME ULTRASONIC NEBULIZER	\$6.91	\$7.25
A7017		DURABLE NEB GLASS/AUTOCCLAV PLAS BOTTLE TYPE NOT USED W/O2	\$127.85	\$134.00
A7017	RR	DURABLE NEB GLASS/AUTOCCLAV PLAS BOTTLE TYPE NOT USED W/O2	\$12.78	\$13.40
A7018		WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	\$0.37	\$0.38
A7019		SALINE SOLUTION, PER 10 ML, FOR USE WITH INHALATION DRUGS.	\$0.33	\$0.34
A7020		STERILE WATER OR STERILE SALINE, 1000 ML, FOR LRG VOLUME NEBULIZER.	\$2.63	\$2.75
A7025		REPLACE CHEST COMPRESS VEST	\$434.94	\$434.94
A7026		REPLACE CHST CMPRSS SYS HOSE	\$28.75	\$28.75
A7030		CPAP FULL FACE MASK	\$188.64	\$188.64
A7031		REPLACEMENT FACEMASK INTERFA	\$69.77	\$69.77
A7032		REPLACEMENT NASAL CUSHION	\$40.53	\$40.53
A7033		REPLACEMENT NASAL PILLOWS	\$28.41	\$28.41
A7034		NASAL APPLICATION DEVICE	\$117.64	\$117.64
A7035		POS AIRWAY PRESS HEADGEAR	\$39.75	\$39.75
A7036		POS AIRWAY PRESS CHINSTRAP	\$18.20	\$18.20
A7037		POS AIRWAY PRESSURE TUBING	\$41.02	\$41.02
A7038		POS AIRWAY PRESSURE FILTER	\$5.39	\$5.39
A7039		FILTER NON DISPOSABLE W PAP	\$15.33	\$15.33
A7044		PAP ORAL INTERFACE	\$120.91	\$120.91
A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH.	\$100.18	\$105.03
A7502		DIAPHRAGM/FACEPLATE, FOR TRACHEOSTOMA VALVE, EACH.	\$47.61	\$49.91
A7503		FILTER HOLDER OR FILTER CAP, TRACHEOSTOMA HEAT/MOISTURE SYS, EA.	\$10.81	\$11.33
A7504		FILTER, TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH.	\$0.64	\$0.67
A7505		HOUSING, REUSABLE, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EA.	\$4.46	\$4.68
A7506		ADHESIVE DISC, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EACH.	\$0.32	\$0.33
A7507		FILTER HOLDER AND INTEGRATED FILTER, WITHOUT ADHESIVE, EACH.	\$2.37	\$2.49
A7508		HOUSING AND INTEGRATED ADHESIVE, EACH.	\$2.74	\$2.87
A7509		FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, EACH.	\$1.34	\$1.41
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY	\$5.78	\$5.66
B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	\$12.04	\$10.79

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	\$8.20	\$7.39
B4081		NASOGASTRIC TUBING WITH STYLET	\$22.02	\$20.00
B4082		NASOGASTRIC TUBING WITHOUT STYLET	\$15.71	\$14.89
B4083		STOMACH TUBE - LEVINE TYPE	\$2.50	\$2.27
B4086		GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (STANDARD OR LOW	80% OF BILLED	75% OF BILLED
B4100	BO	FOOD THICKENER ORAL	80% OF BILLED	75% OF BILLED
B4150		ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/	\$0.65	\$0.62
B4150	BO	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN	\$0.62	\$0.62
B4151		ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN	\$1.58	\$1.45
B4151	BO	ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN	\$1.45	\$1.45
B4152		ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT	\$0.56	\$0.52
B4152	BO	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT	\$0.52	\$0.52
B4153		ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI	\$1.90	\$1.76
B4153	BO	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI	\$1.76	\$1.76
B4154		ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED	\$2.11	\$1.13
B4154	BO	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED	\$1.13	\$1.13
B4155		ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN	\$0.88	\$0.88
B4155	BO	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN	\$0.88	\$0.88
B4156		ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS	\$1.44	\$1.25
B4156	BO	ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS	\$1.25	\$1.25
B4164		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50	\$18.39	\$15.25
B4168		PARENTERAL NUTRITION SOLUTION; AMINO ACID	\$69.15	\$22.20
B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID	\$49.89	\$49.89
B4176		PARENTERAL NUTRITION SOLUTION; AMINO ACID	\$80.40	\$42.98
B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5%	\$53.97	\$51.60
B4180		PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE	\$25.64	\$21.85
B4184		PARENTERAL NUTRITION SOLUTION; LIPIDS 10%	\$85.40	\$71.64
B4186		PARENTERAL NUTRITION SOLUTION LIPIDS	\$103.88	\$95.52
B4189		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	\$170.68	\$159.39
B4193		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	\$240.65	\$205.97
B4197		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	\$311.74	\$250.75
B4199		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR	\$377.17	\$286.54
B4216		PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H	\$16.44	\$6.93
B4220		PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	\$9.78	\$7.18
B4222		PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	\$10.40	\$8.85
B4224		PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	\$22.45	\$22.43
B5000		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA	\$10.50	\$10.66
B5100		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR	\$4.46	\$4.17

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
B5200		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA	\$5.26	\$5.26
B9000		ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM	\$1,038.32	\$1,042.30
B9000	RR	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	\$105.09	\$104.23
B9002		ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	\$1,038.32	\$1,098.60
B9002	RR	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	\$105.09	\$109.86
B9004		PARENTERAL NUTRITION INFUSION PUMP PORTABLE	\$2,071.18	\$3,582.00
B9004	RR	PARENTERAL NUTRITION INFUSION PUMP - PORTABLE	\$367.83	\$358.20
B9006		PARENTERAL NUTRITION INFUSION PUMP STATIONARY	\$2,071.18	\$3,582.00
B9006	RR	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	\$367.83	\$358.20
B9998		NOC FOR ENTERAL SUPPLIES	80% OF BILLED	75% OF BILLED
B9999		NOC FOR PARENTERAL SUPPLIES	80% OF BILLED	75% OF BILLED
E0100		CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED	\$19.40	\$53.90
E0100	RR	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED	\$4.34	\$5.39
E0105		CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS	\$44.21	\$88.60
E0105	RR	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS	\$8.57	\$8.86
E0110		CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS	\$80.84	\$135.90
E0110	RR	CRUTCHES FOREARM INCL CRUTCHES OF VARIOUS MATERIALS PAIR	\$10.82	\$13.59
E0111		CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS	\$47.51	\$71.70
E0111	RR	CRUTCH FOREARM INCL CRUTCHES OF VARIOUS MATERIALS EACH	\$4.76	\$7.17
E0112		CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA	\$39.76	\$98.50
E0112	RR	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA	\$7.96	\$9.85
E0113		CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP	\$71.00	\$51.50
E0113	RR	CRUTCH UNDERARM WOOD ADJUSTABLE OR FIXED EACH WITH PAD	80% OF BILLED	\$5.15
E0114		CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT	\$83.24	\$85.70
E0114	RR	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT	\$10.59	\$8.57
E0116		CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH	\$43.60	\$54.00
E0116	RR	CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH	\$4.35	\$5.40
E0117		UNDERARM SPRINGASSIST CRUTCH	\$192.60	\$192.60
E0117	RR	UNDERARM SPRINGASSIST CRUTCH	\$19.26	\$19.26
E0130		WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT	\$72.72	\$168.20
E0130	RR	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT	\$18.18	\$16.82
E0135		WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT	\$73.57	\$172.60
E0135	RR	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT	\$18.39	\$17.26
E0141		WALKER WHEELED WITHOUT SEAT	\$126.33	\$223.60
E0141	RR	WALKER WHEELED WITHOUT SEAT	\$31.58	\$22.36
E0142		RIGID WALKER WHEELED WITH SEAT	80% OF BILLED	\$264.30
E0142	RR	RIGID WALKER WHEELED WITH SEAT	80% OF BILLED	\$26.43
E0143		FOLDING WALKER WHEELED WITHOUT SEAT	\$100.38	\$215.90

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0143	RR	FOLDING WALKER WHEELED WITHOUT SEAT	\$25.11	\$21.59
E0144		ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT	80% OF BILLED	\$318.60
E0144	RR	ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT	80% OF BILLED	\$31.86
E0145		WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS	\$343.47	\$184.10
E0145	RR	WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS	\$34.35	\$18.41
E0146		WALKER WHEELED WITH SEAT	\$333.37	\$161.80
E0146	RR	WALKER WHEELED WITH SEAT	\$33.34	\$16.18
E0147		HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST	\$255.61	\$574.80
E0147	RR	HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST	\$34.18	\$57.48
E0148		WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE.	\$121.55	\$127.20
E0148	RR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE.	\$12.16	\$12.72
E0149		WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.	\$213.53	\$223.20
E0149	RR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.	\$21.35	\$22.32
E0153		PLATFORM ATTACHMENT FOREARM CRUTCH EACH	80% OF BILLED	\$78.84
E0153	RR	PLATFORM ATTACHMENT FOREARM CRUTCH EACH	80% OF BILLED	\$7.84
E0154		PLATFORM ATTACHMENT WALKER EACH	80% OF BILLED	\$85.60
E0154	RR	PLATFORM ATTACHMENT WALKER EACH	80% OF BILLED	\$8.56
E0155		WHEEL ATTACHMENT RIGID PICK-UP WALKER	80% OF BILLED	\$38.85
E0155	RR	WHEEL ATTACHMENT RIGID PICK-UP WALKER	80% OF BILLED	\$3.85
E0156		SEAT ATTACHMENT WALKER	80% OF BILLED	\$28.70
E0156	RR	SEAT ATTACHMENT WALKER	80% OF BILLED	\$2.87
E0157		CRUTCH ATTACHMENT WALKER EACH	80% OF BILLED	\$89.90
E0157	RR	CRUTCH ATTACHMENT WALKER EACH	80% OF BILLED	\$8.99
E0158		LEG EXTENSIONS FOR A WALKER	80% OF BILLED	\$35.50
E0158	RR	LEG EXTENSIONS FOR A WALKER	80% OF BILLED	\$3.55
E0159		BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH	\$17.05	\$17.87
E0160		SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	80% OF BILLED	75% OF BILLED
E0160	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	80% OF BILLED	75% OF BILLED
E0161		SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	80% OF BILLED	75% OF BILLED
E0161	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	80% OF BILLED	75% OF BILLED
E0162		SITZ BATH CHAIR	80% OF BILLED	75% OF BILLED
E0162	RR	SITZ BATH CHAIR	80% OF BILLED	75% OF BILLED
E0163		COMMODE CHAIR STATIONARY WITH FIXED ARMS	80% OF BILLED	75% OF BILLED
E0163	RR	COMMODE CHAIR STATIONARY WITH FIXED ARMS	80% OF BILLED	75% OF BILLED
E0164		COMMODE CHAIR MOBILE WITH FIXED ARMS	80% OF BILLED	75% OF BILLED
E0164	RR	COMMODE CHAIR MOBILE FIXED ARMS	80% OF BILLED	75% OF BILLED
E0165		COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS	80% OF BILLED	75% OF BILLED
E0165	RR	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS (CAPPED)	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0166		COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	80% OF BILLED	75% OF BILLED
E0166	RR	COMMODE CHAIR MOBILE WITH DETACHABLE ARMS	80% OF BILLED	75% OF BILLED
E0167		PAIL OR PAN FOR USE WITH COMMODE CHAIR	80% OF BILLED	75% OF BILLED
E0168		COMMODE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS.	80% OF BILLED	75% OF BILLED
E0168	RR	COMMODE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS.	80% OF BILLED	75% OF BILLED
E0169		COMMODE CHAIR WITH SEAT LIFT MECHANISM	80% OF BILLED	75% OF BILLED
E0169	RR	COMMODE CHAIR WITH SEAT LIFT MECHANISM	80% OF BILLED	75% OF BILLED
E0175		FOOT REST FOR USE WITH COMMODE CHAIR EACH	80% OF BILLED	75% OF BILLED
E0175	RR	FOOT REST FOR USE WITH COMMODE CHAIR EACH	80% OF BILLED	75% OF BILLED
E0176		AIR PRESSURE PAD OR CUSHION NONPOSITIONING	\$110.62	\$107.11
E0177		WATER PRESSURE PAD OR CUSHION NONPOSITIONING	\$110.62	\$121.50
E0177	RR	WATER PRESSURE PAD OR CUSHION NON-POSITIONING	\$11.06	\$12.15
E0178		GEL OR GEL-LIKE PRESSURE PAD OR CUSHION NONPOSITIONING	\$110.62	\$141.70
E0178	RR	GEL PRESSURE PAD OR CUSHION NON-POSITIONING	\$11.06	\$14.17
E0179		DRY PRESSURE PAD OR CUSHION NON-POSITIONING	80% OF BILLED	\$12.40
E0179	RR	DRY PRESSURE PAD OR CUSHION NON-POSITIONING	80% OF BILLED	\$1.24
E0180		PRESSURE PAD ALTERNATING WITH PUMP	\$256.53	\$195.70
E0180	RR	PRESSURE PAD ALTERNATING WITH PUMP	\$25.65	\$19.57
E0181		PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY	\$381.60	\$217.10
E0181	RR	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY	\$38.15	\$21.71
E0182		PUMP FOR ALTERNATING PRESSURE PAD	\$238.35	\$251.90
E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD	\$23.84	\$25.19
E0184		PRESSURE MATTRESS DRY	80% OF BILLED	\$208.80
E0184	RR	PRESSURE MATTRESS DRY	80% OF BILLED	\$20.88
E0185		GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH	\$291.11	\$382.00
E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH	\$29.12	\$38.20
E0186		AIR PRESSURE MATTRESS	\$163.32	\$172.60
E0186	RR	AIR PRESSURE MATTRESS	\$16.33	\$17.26
E0187		WATER PRESSURE MATTRESS	\$163.32	\$197.30
E0187	RR	WATER PRESSURE MATTRESS	\$16.33	\$19.73
E0188		SYNTHETIC SHEEPSKIN PAD	80% OF BILLED	\$26.43
E0189		LAMBSWOOL SHEEPSKIN PAD ANY SIZE	80% OF BILLED	\$51.13
E0191		HEEL OR ELBOW PROTECTOR EACH	80% OF BILLED	\$9.99
E0192		LOW PRESSURE & POSITIONING EQUALIZATION PAD FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0193		POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)	\$10,425.78	\$8,251.00
E0193	RR	POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)	\$1,042.57	\$825.10
E0194	RR	AIR FLUDIZED BED	80% OF BILLED	\$3,254.34
E0196		GEL PRESSURE MATTRESS	\$261.35	\$276.20

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0196	RR	GEL PRESSURE MATTRESS	\$26.14	\$27.62
E0197		AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH	\$216.06	\$305.70
E0197	RR	AIR PRESSURE PAD FOR MATTRESS	\$29.82	\$30.57
E0198		WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH	80% OF BILLED	\$229.50
E0198	RR	WATER PRESSURE PAD FOR MATTRESS	80% OF BILLED	\$22.95
E0199		DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH	80% OF BILLED	\$31.90
E0199	RR	DRY PRESSURE PAD FOR MATTRESS	80% OF BILLED	\$3.19
E0200		HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR	\$48.51	\$91.50
E0200	RR	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR	\$4.85	\$9.15
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	\$516.12	\$545.00
E0202	RR	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	\$51.61	\$54.50
E0203		THERAPEUTIC LIGHTBOX TABLET	80% OF BILLED	75% OF BILLED
E0203	RR	THERAPEUTIC LIGHTBOX TABLET	80% OF BILLED	75% OF BILLED
E0205		HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED	80% OF BILLED	\$181.40
E0205	RR	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED	80% OF BILLED	\$18.14
E0210		ELECTRIC HEAT PAD STANDARD	\$21.10	\$32.64
E0215		ELECTRIC HEAT PAD MOIST	\$73.26	\$60.21
E0217		WATER CIRCULATING HEAT PAD WITH PUMP	80% OF BILLED	\$469.90
E0217	RR	WATER CIRCULATING HEAT PAD WITH PUMP	80% OF BILLED	\$46.99
E0218		WATER CIRCULATING COLD PAD WITH PUMP	80% OF BILLED	75% OF BILLED
E0218	RR	WATER CIRCULATING COLD PAD WITH PUMP	80% OF BILLED	75% OF BILLED
E0220		HOT WATER BOTTLE	80% OF BILLED	\$7.66
E0221		INFRARED HEATING PAD SYSTEM	\$2,102.90	\$2,113.40
E0221	RR	INFRARED HEATING PAD SYSTEM	\$210.29	\$211.34
E0225		HYDROCOLLATOR UNIT INCLUDING PADS	80% OF BILLED	\$383.10
E0225	RR	HYDROCOLLATOR UNIT INCLUDES PADS	80% OF BILLED	\$38.31
E0230		ICE CAP OR COLLAR	80% OF BILLED	\$8.48
E0231		NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER	80% OF BILLED	75% OF BILLED
E0231	RR	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER	80% OF BILLED	75% OF BILLED
E0232		WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON	80% OF BILLED	75% OF BILLED
E0235		PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265	\$194.31	\$146.70
E0235	RR	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265	\$19.43	\$14.67
E0236		PUMP FOR WATER CIRCULATING PAD	80% OF BILLED	\$442.50
E0236	RR	PUMP FOR WATER CIRCULATING PAD	80% OF BILLED	\$44.25
E0238		NON-ELECTRIC HEAT PAD MOIST	80% OF BILLED	\$23.10
E0238	RR	NON-ELECTRIC HEAT PAD MOIST	80% OF BILLED	\$2.31
E0239		HYDROCOLLATOR UNIT PORTABLE	80% OF BILLED	\$449.90
E0239	RR	HYDROCOLLATOR UNIT PORTABLE	80% OF BILLED	\$44.99

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0244		RAISED TOILET SEAT	\$60.50	\$60.50
E0245		TUB STOOL OR BENCH	80% OF BILLED	75% OF BILLED
E0245	RR	TUB STOOL OR BENCH	80% OF BILLED	75% OF BILLED
E0249		PAD FOR WATER CIRCULATING HEAT UNIT	80% OF BILLED	\$93.10
E0249	RR	PAD FOR WATER CIRCULATING HEAT UNIT	80% OF BILLED	\$9.31
E0250		HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS	\$987.57	\$863.30
E0250	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITH MATTRESS	\$98.76	\$86.33
E0251		HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS	\$627.20	\$662.60
E0251	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITHOUT MATTRE	\$62.72	\$66.26
E0255		HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS	\$1,086.36	\$1,158.20
E0255	RR	HOSPITAL BED W SIDE RAILS VARIABLE HEIGHT HI-LO W MATRES	\$108.63	\$115.82
E0256		HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE	\$789.03	\$833.50
E0256	RR	HOSP BED VARIABLE HGT HI-LO WITH SIDE RAILS W/O MATTRESS	\$78.90	\$83.35
E0260		HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS	\$1,514.18	\$1,679.30
E0260	RR	HOSPITAL BED W SIDE RAILS SEMI ELECTRIC HEAD & FOOT ADJUS	\$151.41	\$167.93
E0261		HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE	\$1,240.84	\$1,369.40
E0261	RR	HOSP BED SEMIELECT(HEAD & FOOT ADJ) WITH SIDE RAILS W/O MAT	\$124.09	\$136.94
E0265		HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS	\$1,692.73	\$1,998.80
E0265	RR	HOSPITAL BED TOTAL ELECTRIC WITH SIDERAILS WITH MATRESS	\$169.28	\$199.88
E0266		HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS	\$1,514.18	\$1,775.90
E0266	RR	HOSPITAL BED WITH SIDE RAILS TOTAL ELECTRIC HEAD FOOT A	\$151.41	\$177.59
E0271		MATTRESS INNERSPRING	\$139.56	\$195.60
E0272		MATTRESS FOAM RUBBER	80% OF BILLED	\$172.01
E0273		BED BOARD	80% OF BILLED	75% OF BILLED
E0275		BED PAN STANDARD METAL OR PLASTIC	\$13.39	\$13.01
E0276		BED PAN FRACTURE METAL OR PLASTIC	\$9.24	\$11.31
E0277		POWERED PRESSURE-REDUCING AIR MATTRESS	\$7,858.46	\$6,454.60
E0277	RR	ALTERNATING PRESSURE MATTRESS	\$785.84	\$645.46
E0280		BED CRADLE ANY TYPE	80% OF BILLED	\$41.10
E0280	RR	BED CRADLE ANY TYPE	80% OF BILLED	\$4.11
E0290		HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS	\$765.71	\$730.60
E0290	RR	HOSP BED FIXED HEIGHT W/O SIDE RAILS WITH MATTRESS	\$76.57	\$73.06
E0291		HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS	\$547.43	\$522.40
E0291	RR	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS OR MATTRESS	\$54.74	\$52.24
E0292		HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS	\$974.22	\$840.40
E0292	RR	HOSP BED VARIABLE HGT HI-LO W/O WIDE RAILS WITH MATTRESS	\$97.42	\$84.04
E0293		HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS	\$855.46	\$715.10
E0293	RR	HOSP BED VARIABLE HEIGHT HI-LO W/O SIDE RAILS OR MATTRESS	\$85.59	\$71.51

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0294		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS	\$1,450.60	\$1,306.50
E0294	RR	HOSP BED SEMI ELECT(HEAD /FOOT) W/O SIDE RAILS WITH MATTRE	\$145.06	\$130.65
E0295		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	\$1,450.60	\$1,273.50
E0295	RR	HOSPITAL BED SEMI-ELEC(HEAD/FOOT) W/O SIDE RAILS OR MATTRES	\$145.06	\$127.35
E0296		HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS	\$2,022.84	\$1,642.00
E0296	RR	HOSP BED TOTAL ELEC WITHOUT SIDE RAILS WITH MATTRESS	\$202.28	\$164.20
E0297		HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	\$1,804.56	\$1,406.70
E0297	RR	HOSP BED TOOTAL ELECTRIC W/O SIDE RAILS OR MATTRESS	\$180.46	\$140.67
E0305		BED SIDE RAILS HALF LENGTH EACH	\$156.38	\$177.90
E0305	RR	HOSPITAL BED SIDE RAILS HALF LENGTH (EACH)	\$15.63	\$17.79
E0310		BEDSIDE RAILS FULL-LENGTH	\$156.38	\$227.60
E0310	RR	HOSPITAL BED SIDE RAILS FULL LENGTH (EACH)	\$15.63	\$22.76
E0315		BED ACCESSORIES: BOARDS OR TABLES ANY TYPE	80% OF BILLED	75% OF BILLED
E0315	RR	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE	80% OF BILLED	75% OF BILLED
E0316		SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	\$1,909.90	\$1,919.40
E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	\$190.99	\$191.94
E0325		URINAL MALE ANY MATERIAL	\$20.74	\$10.11
E0326		URINAL FEMALE ANY MATERIAL	80% OF BILLED	\$8.93
E0350		CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST	80% OF BILLED	75% OF BILLED
E0350	RR	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST	80% OF BILLED	75% OF BILLED
E0352		DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM	80% OF BILLED	75% OF BILLED
E0370		AIR PRESSURE ELEVATOR FOR HEEL	80% OF BILLED	75% OF BILLED
E0371		NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	\$4,632.99	\$4,007.60
E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	\$382.26	\$400.76
E0372		POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH	\$5,621.98	\$4,863.10
E0372	RR	POWERED AIR OVERLAY FOR MATTRESS STANDARD LENGTH/WIDTH	\$463.86	\$486.31
E0373		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	\$6,439.96	\$5,570.70
E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	\$531.35	\$557.07
E0424	NF	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES	\$204.02	\$228.80
E0424	RR	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT=50CF.	\$232.58	\$228.80
E0425		STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES	\$259.94	\$259.94
E0431	NF	PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING	\$47.91	\$30.57
E0431	RR	PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING	\$49.19	\$30.57
E0434	NF	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES	\$47.91	\$30.57
E0434	RR	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES	\$49.19	\$30.57
E0439	NF	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES	\$204.02	\$228.80
E0439	RR	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT=10LB	\$232.58	\$228.80
E0441		O2 CONT GAS PER UNIT=50CF USE WITH OWNED STN/PORT OR BOTH	\$170.36	\$162.98

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0442		O2 CONT LIQ PER UNIT=10LB USE WITH OWNED STN/PORT OR BOTH	\$170.36	\$162.98
E0443		PORT O2 CONT GAS UNIT =5 CF USE ONLY WITH PORT GAS SYS	\$25.19	\$21.41
E0444		PORT O2 CONT LIQ UNIT=1LB USE ONLY WITH PORT LIQ SYS	\$25.19	\$21.41
E0450	NF	VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT	\$987.17	\$833.79
E0450	RR	VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT	\$1,013.52	\$833.79
E0454	RR	PRESSURE VENTILATOR	\$1,400.14	\$1,400.14
E0457	RR	CHEST SHELL (CUIRASS)	\$42.48	\$61.45
E0459		CHEST WRAP	\$374.89	\$470.50
E0459	RR	CHEST WRAP	\$37.49	\$47.05
E0460	NF	NEGATIVE PRESSURE PUMP	\$558.57	\$733.57
E0460	RR	NEGATIVE PRESSURE PUMP	\$573.48	\$733.57
E0461	RR	VOL VENT NONINVASIVE INTERFACE	\$1,002.05	\$1,002.05
E0462		ROCKING BED WITH OR WITHOUT SIDE RAILS	\$2,310.29	\$2,476.90
E0462	RR	ROCKING BED WITH OR WITHOUT SIDERAILS	\$231.03	\$247.69
E0480		PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	\$362.54	\$418.80
E0480	RR	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	\$36.26	\$41.88
E0481		INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	80% OF BILLED	75% OF BILLED
E0481	RR	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	80% OF BILLED	75% OF BILLED
E0482		COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY	\$3,858.30	\$3,877.50
E0482	RR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY	\$385.83	\$387.75
E0483		CHEST COMPRESSION GEN SYSTEM	\$10,631.30	\$10,631.30
E0483	RR	CHEST COMPRESSION GEN SYSTEM	\$1,063.13	\$1,063.13
E0484		NON-ELEC OSCILLATORY PEP DVC	\$36.92	\$36.92
E0500		IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL	\$860.14	\$987.90
E0500	RR	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL	\$72.47	\$98.79
E0550		HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO	\$98.72	\$501.30
E0550	RR	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO	\$19.38	\$50.13
E0560		HUMIDIFIER FOR IPPB TREATMENT OR OXYGEN DELIVERY	\$47.10	\$170.90
E0560	RR	HUMIDIFIER DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING	\$4.90	\$17.09
E0565		COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF	\$565.34	\$518.60
E0565	RR	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF	\$56.53	\$51.86
E0570		NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	\$122.66	\$197.30
E0570	RR	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	\$12.27	\$19.73
E0571		AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.	\$260.00	\$271.80
E0571	RR	AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.	\$26.00	\$27.18
E0572		AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE.	\$330.40	\$345.40
E0572	RR	AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE.	\$33.04	\$34.54
E0574		ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.	\$349.20	\$365.10

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0574	RR	ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.	\$34.92	\$36.51
E0575		NEBULIZER SELF-CONTAINED ULTRASONIC	\$475.30	\$873.60
E0575	RR	NEBULIZER SELF-CONTAINED ULTRASONIC	\$47.20	\$87.36
E0580		NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE	\$6.48	\$134.04
E0585		NEBULIZER WITH COMPRESSOR AND HEATER	\$412.84	\$350.70
E0585	RR	NEBULIZER WITH COMPRESSOR AND HEATER	\$41.28	\$35.07
E0600		SUCTION PUMP HOME MODEL PORTABLE	\$562.43	\$457.90
E0600	RR	SUCTION PUMP HOME MODEL PORTABLE	\$56.24	\$45.79
E0601		NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE	\$1,229.85	\$949.50
E0601	RR	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	\$123.17	\$94.95
E0603	RR	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE, 3-MONTH MAX RENTAL	\$99.87	\$99.87
E0605		VAPORIZER ROOM TYPE	\$22.44	\$26.43
E0606	RR	POSTURAL DRAINAGE BOARD	\$14.87	\$20.39
E0607		HOME BLOOD GLUCOSE MONITOR	\$98.64	\$66.82
E0610		PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO	80% OF BILLED	\$237.86
E0615		PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION	80% OF BILLED	\$478.82
E0618		APNEA MONITOR	\$2,383.00	\$2,383.00
E0618	RR	APNEA MONITOR	\$238.30	\$238.30
E0619		APNEA MONITOR W RECORDER	\$2,383.00	\$2,383.00
E0619	RR	APNEA MONITOR W RECORDER	\$238.30	\$238.30
E0620		SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	\$870.07	\$874.39
E0621		SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	80% OF BILLED	\$95.99
E0625		PATIENT LIFT KARTOP BATHROOM OR TOILET	80% OF BILLED	75% OF BILLED
E0625	RR	PATIENT LIFT KARTOP BATHROOM OR TOILET	80% OF BILLED	75% OF BILLED
E0627		SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA	\$277.37	\$337.32
E0628		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN	\$277.37	\$337.40
E0629		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED	\$277.37	\$330.80
E0630		PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	\$993.14	\$950.80
E0630	RR	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	\$99.31	\$95.08
E0635		PATIENT LIFT ELECTRIC WITH SEAT OR SLING	\$1,271.63	\$1,223.60
E0635	RR	PATIENT LIFT CHAIR ELECTRIC WITH SEAT OR SLING	\$127.17	\$122.36
E0636		PT SUPPORT & POSITIONING SYS	80% OF BILLED	75% OF BILLED
E0636	RR	PT SUPPORT & POSITIONING SYS	80% OF BILLED	75% OF BILLED
E0650		PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL	80% OF BILLED	\$873.50
E0650	RR	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL	80% OF BILLED	\$87.35
E0651		PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED	80% OF BILLED	\$938.20
E0651	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED	80% OF BILLED	\$93.82
E0652		PLEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED	80% OF BILLED	\$4,453.60

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0652	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/CALIBRATED GRAD	80% OF BILLED	\$445.36
E0655		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	80% OF BILLED	\$107.80
E0655	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	80% OF BILLED	\$10.78
E0660		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	80% OF BILLED	\$166.30
E0660	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	80% OF BILLED	\$16.63
E0665		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	80% OF BILLED	\$140.70
E0665	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL	80% OF BILLED	\$14.07
E0666		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	80% OF BILLED	\$142.30
E0666	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF	80% OF BILLED	\$14.23
E0667		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG	80% OF BILLED	\$310.80
E0667	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSPR LEG	80% OF BILLED	\$31.08
E0668		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM	80% OF BILLED	\$370.70
E0668	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR ARM	80% OF BILLED	\$37.07
E0669		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG	80% OF BILLED	\$183.40
E0669	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR HALF LEG	80% OF BILLED	\$18.34
E0671		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG	80% OF BILLED	\$415.40
E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG	80% OF BILLED	\$41.54
E0672		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM	80% OF BILLED	\$322.80
E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM	80% OF BILLED	\$32.28
E0673		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG	80% OF BILLED	\$268.20
E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG	80% OF BILLED	\$26.82
E0691		UVL PNL 2 SQ FT OR LESS	\$898.60	\$898.60
E0691	RR	UVL PNL 2 SQ FT OR LESS	\$89.86	\$89.86
E0692		UVL SYS PANEL 4 FT	\$1,128.30	\$1,128.30
E0692	RR	UVL SYS PANEL 4 FT	\$112.83	\$112.83
E0693		UVL SYS PANEL 6 FT	\$1,391.00	\$1,391.00
E0693	RR	UVL SYS PANEL 6 FT	\$139.10	\$139.10
E0694		UVL MD CABINET SYS 6 FT	\$4,427.30	\$4,427.30
E0694	RR	UVL MD CABINET SYS 6 FT	\$442.73	\$442.73
E0700		SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)	80% OF BILLED	75% OF BILLED
E0700	RR	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)	80% OF BILLED	75% OF BILLED
E0701		HELMET W FACE GUARD PREFAB	\$153.35	\$153.35
E0710		RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)	80% OF BILLED	75% OF BILLED
E0710	RR	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)	80% OF BILLED	75% OF BILLED
E0720		TENS TWO LEAD LOCALIZED STIMULATION	\$499.51	\$342.40
E0720	RR	TENS TWO LEAD LOCALIZED STIMULATION	\$49.94	\$34.24
E0730		TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION	\$599.78	\$370.56
E0730	RR	TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION	\$59.98	\$37.05

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0731		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	80% OF BILLED	\$356.69
E0731	RR	FORMFITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	80% OF BILLED	\$35.66
E0740		INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR	80% OF BILLED	\$522.90
E0740	RR	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR	80% OF BILLED	\$52.29
E0744		NEUROMUSCULAR STIMULATOR FOR SCOLOSIS	\$736.92	\$778.30
E0744	RR	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS	\$73.69	\$77.83
E0745		NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC	\$1,015.40	\$895.10
E0745	RR	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC	\$101.55	\$89.51
E0746	RR	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	80% OF BILLED	75% OF BILLED
E0747		OSTEOGENESIS STIMULATOR (NON-INVASIVE)	\$3,439.40	\$3,505.10
E0747	RR	OSTEOGENESIS STIMULATOR (NON-INVASIVE)	\$343.94	\$350.51
E0748		OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS	\$3,417.11	\$3,504.30
E0748	RR	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATIONS	\$341.71	\$350.43
E0755		ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE)	80% OF BILLED	75% OF BILLED
E0760		OSTEOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NON-INVASI	80% OF BILLED	\$2,912.05
E0765		NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.	80% OF BILLED	\$84.30
E0765	RR	NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.	80% OF BILLED	\$8.43
E0776		IV POLE	\$135.52	\$186.50
E0776	RR	IV POLE RENTAL	\$24.18	\$18.65
E0779		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.	\$144.70	\$151.80
E0779	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.	\$14.47	\$15.18
E0780		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.	\$144.70	\$103.70
E0780	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.	\$14.47	\$10.37
E0781		EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP	\$2,534.42	\$2,406.50
E0781	RR	EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP	\$253.44	\$240.65
E0784		EXTERNAL AMBULATORY INFUSION PUMP INSULIN	80% OF BILLED	\$4,174.90
E0791		PARENTERAL INFUSION PUMP STATIONARY	\$2,544.51	\$2,687.70
E0791	RR	PARENTERAL INFUSION PUMP STATIONARY	\$254.45	\$268.77
E0830		AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.	80% OF BILLED	75% OF BILLED
E0830	RR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.	80% OF BILLED	75% OF BILLED
E0840		TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL	\$43.16	\$138.70
E0840	RR	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL TRACT	\$4.31	\$13.87
E0850		TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION	\$31.80	\$122.70
E0850	RR	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION	\$3.18	\$12.27
E0855		CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME	80% OF BILLED	\$494.44
E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADD'L STAND/FRAME	80% OF BILLED	\$49.44
E0860		TRACTION EQUIPMENT OVERDOOR CERVICAL	\$31.80	\$65.10
E0860	RR	TRACTION EQUIPMENT OVERDOOR CERVICAL	\$3.18	\$6.51

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0870		TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY	\$61.70	\$134.00
E0870	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY	\$6.17	\$13.40
E0880		TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION	\$111.46	\$197.10
E0880	RR	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION	\$22.23	\$19.71
E0890		TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION	\$220.14	\$279.10
E0890	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE PELVIC TRACTIO	\$22.02	\$27.91
E0900		TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G	\$321.37	\$276.20
E0900	RR	TRACTION STANDARD FREESTANDING SIMPLE PELVIC (BUCKS)	\$40.18	\$27.62
E0910		TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G	\$208.93	\$200.00
E0910	RR	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G	\$20.89	\$20.00
E0920		FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	\$504.45	\$392.20
E0920	RR	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	\$50.44	\$39.22
E0930		FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	\$617.21	\$456.90
E0930	RR	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	\$61.72	\$45.69
E0935	RR	PASSIVE MOTION EXERCISE DEVICE	80% OF BILLED	\$19.32
E0940		TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR	\$287.65	\$347.70
E0940	RR	TRAPEZE BAR FREE STANDING WITH GRAB BAR	\$28.76	\$34.77
E0941		GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	80% OF BILLED	\$369.00
E0941	RR	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	80% OF BILLED	\$36.90
E0942		CERVICAL HEAD HARNESS/HALTER	80% OF BILLED	\$23.40
E0942	RR	CERVICAL HEAD HARNESS/HALTER	80% OF BILLED	\$2.34
E0943		CERVICAL PILLOW	80% OF BILLED	\$27.67
E0944		PELVIC BELT/HARNESS/BOOT	80% OF BILLED	\$39.10
E0944	RR	PELVIC BELT/HARNESS/BOOT	80% OF BILLED	\$3.91
E0945		EXTREMITY BELT/HARNESS	80% OF BILLED	\$44.40
E0945	RR	EXTREMITY BELT/HARNESS	80% OF BILLED	\$4.44
E0946		FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.	80% OF BILLED	\$502.90
E0946	RR	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.	80% OF BILLED	\$50.29
E0947		FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION	80% OF BILLED	\$628.90
E0947	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION	80% OF BILLED	\$62.89
E0948		FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	80% OF BILLED	\$548.90
E0948	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	80% OF BILLED	\$54.89
E0950		TRAY	80% OF BILLED	75% OF BILLED
E0951		LOOP HEEL EACH	80% OF BILLED	75% OF BILLED
E0952		LOOP TOE EACH	80% OF BILLED	75% OF BILLED
E0953		PNEUMATIC TIRE EACH	80% OF BILLED	75% OF BILLED
E0954		SEMI-PNEUMATIC CASTER EACH	80% OF BILLED	75% OF BILLED
E0958		WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E0958	RR	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0959		AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF	80% OF BILLED	75% OF BILLED
E0961		BRAKE EXTENSION FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0962		1" CUSHION FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0963		2" CUSHION FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0964		3" CUSHION FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0965		4" CUSHION FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0966		HOOK ON HEAD REST EXTENSION	80% OF BILLED	75% OF BILLED
E0967		WHEELCHAIR HAND RIMS WITH 8 VERTICAL RUBBER TIPPED	80% OF BILLED	75% OF BILLED
E0968		COMMODE SEAT WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0968	RR	COMMODE SEAT WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0969		NARROWING DEVICE WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0969	RR	NARROWING DEVICE WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0970		NO.2 FOOTPLATES EXCEPT FOR ELEVATING LEG REST	80% OF BILLED	75% OF BILLED
E0971		ANTI-TIPPING DEVICE WHEELCHAIRS	80% OF BILLED	75% OF BILLED
E0972		TRANSFER BOARD OR DEVICE	80% OF BILLED	75% OF BILLED
E0973		ADJUSTABLE HEIGHT DETACHABLE ARMS DESK OR FULL LENGTH	80% OF BILLED	75% OF BILLED
E0974		GRADE-AID (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE)	80% OF BILLED	75% OF BILLED
E0975		REINFORCED SEAT UPHOLSTERY WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0976		REINFORCED BACK UPHOLSTERY WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0977		WEDGE CUSHION WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0978		BELT SAFETY WITH AIRPLANE BUCKLE WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0979		BELT SAFETY WITH VELCRO CLOSURE WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0980		SAFETY VEST WHEELCHAIR	80% OF BILLED	75% OF BILLED
E0990		ELEVATING LEG REST EACH	80% OF BILLED	75% OF BILLED
E0990	RR	ELEVATING LEG REST EACH	80% OF BILLED	75% OF BILLED
E0991		UPHOLSTERY SEAT	80% OF BILLED	75% OF BILLED
E0992		SOLID SEAT INSERT	80% OF BILLED	75% OF BILLED
E0993		BACK UPHOLSTERY	80% OF BILLED	75% OF BILLED
E0994		ARM REST EACH	80% OF BILLED	75% OF BILLED
E0995		CALF REST EACH	80% OF BILLED	75% OF BILLED
E0996		TIRE SOLID EACH	80% OF BILLED	75% OF BILLED
E0997		CASTER WITH A FORK	80% OF BILLED	75% OF BILLED
E0998		CASTER WITHOUT FORK	80% OF BILLED	75% OF BILLED
E0999		PNEUMATIC TIRE WITH WHEEL	80% OF BILLED	75% OF BILLED
E1000		TIRE PNEUMATIC CASTER	80% OF BILLED	75% OF BILLED
E1001		WHEEL SINGLE	80% OF BILLED	75% OF BILLED
E1011		PED WC MODIFY WIDTH ADJUSTM	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E1012		INT SEAT SYS PLANAR PED W/C	80% OF BILLED	75% OF BILLED
E1012	RR	INT SEAT SYS PLANAR PED W/C	80% OF BILLED	75% OF BILLED
E1013		INT SEAT SYS CONTOUR PED W/C	80% OF BILLED	75% OF BILLED
E1013	RR	INT SEAT SYS CONTOUR PED W/C	80% OF BILLED	75% OF BILLED
E1014		RECLINING BACK ADD PED W/C	80% OF BILLED	75% OF BILLED
E1014	RR	RECLINING BACK ADD PED W/C	80% OF BILLED	75% OF BILLED
E1015		SHOCK ABSORBER FOR MAN W/C	80% OF BILLED	75% OF BILLED
E1016		SHOCK ABSORBER FOR POWER W/C	80% OF BILLED	75% OF BILLED
E1017		HD SHCK ABSRBR FOR HD MAN WC	80% OF BILLED	75% OF BILLED
E1018		HD SHCK ABSRBER FOR HD POWWC	80% OF BILLED	75% OF BILLED
E1020		RESIDUAL LIMB SUPPORT SYSTEM	80% OF BILLED	75% OF BILLED
E1020	RR	ECONOMY WHEELCHAIR FIXED FULL LENGTH ARMS BOLT ON ELEVATIN	80% OF BILLED	75% OF BILLED
E1025		PEDWC LAT/THOR SUP NOCONTOUR	80% OF BILLED	75% OF BILLED
E1025	RR	PEDWC LAT/THOR SUP NOCONTOUR	80% OF BILLED	75% OF BILLED
E1026		PEDWC CONTOURED LAT/THOR SUP	80% OF BILLED	75% OF BILLED
E1026	RR	PEDWC CONTOURED LAT/THOR SUP	80% OF BILLED	75% OF BILLED
E1027		PED WC LAT/ANT SUPPORT	80% OF BILLED	75% OF BILLED
E1027	RR	PED WC LAT/ANT SUPPORT	80% OF BILLED	75% OF BILLED
E1031		ROLLABOUT CHAIR ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	80% OF BILLED	75% OF BILLED
E1031	RR	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER	80% OF BILLED	75% OF BILLED
E1035		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT	80% OF BILLED	75% OF BILLED
E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT	80% OF BILLED	75% OF BILLED
E1037		TRANSPORT CHAIR PED SIZE	80% OF BILLED	75% OF BILLED
E1037	RR	TRANSPORT CHAIR PED SIZE	80% OF BILLED	75% OF BILLED
E1038		TRANSPORT CHAIR ADULT SIZE	80% OF BILLED	75% OF BILLED
E1038	RR	TRANSPORT CHAIR ADULT SIZE	80% OF BILLED	75% OF BILLED
E1050		FULLY-RECLINING WHEELCH FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1050	RR	FULLY-RECLINING WHEELCHR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1060		FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL	80% OF BILLED	75% OF BILLED
E1060	RR	FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL	80% OF BILLED	75% OF BILLED
E1065		POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED	80% OF BILLED	75% OF BILLED
E1066		BATTERY CHARGER	80% OF BILLED	75% OF BILLED
E1069		DEEP CYCLE BATTERY	80% OF BILLED	75% OF BILLED
E1070		FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	80% OF BILLED	75% OF BILLED
E1070	RR	FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	80% OF BILLED	75% OF BILLED
E1083		HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	80% OF BILLED	75% OF BILLED
E1083	RR	HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	80% OF BILLED	75% OF BILLED
E1084		HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E1084	RR	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS	80% OF BILLED	75% OF BILLED
E1085		HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	80% OF BILLED	75% OF BILLED
E1085	RR	HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH	80% OF BILLED	75% OF BILLED
E1086		HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH	80% OF BILLED	75% OF BILLED
E1086	RR	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH	80% OF BILLED	75% OF BILLED
E1087		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS	80% OF BILLED	75% OF BILLED
E1087	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS	80% OF BILLED	75% OF BILLED
E1088		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR	80% OF BILLED	75% OF BILLED
E1088	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR	80% OF BILLED	75% OF BILLED
E1089		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS	80% OF BILLED	75% OF BILLED
E1089	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS	80% OF BILLED	75% OF BILLED
E1090		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR	80% OF BILLED	75% OF BILLED
E1090	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK O	80% OF BILLED	75% OF BILLED
E1091		YOUTH WHEELCHAIR ANY TYPE	80% OF BILLED	75% OF BILLED
E1091	RR	YOUTH WHEELCHAIR ANY TYPE	80% OF BILLED	75% OF BILLED
E1092		WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL	80% OF BILLED	75% OF BILLED
E1092	RR	WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL	80% OF BILLED	75% OF BILLED
E1093		WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL	80% OF BILLED	75% OF BILLED
E1093	RR	WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL	80% OF BILLED	75% OF BILLED
E1100		SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING	80% OF BILLED	75% OF BILLED
E1100	RR	SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING AW	80% OF BILLED	75% OF BILLED
E1110		SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	80% OF BILLED	75% OF BILLED
E1110	RR	SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	80% OF BILLED	75% OF BILLED
E1130		STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1130	RR	STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1140		WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING	80% OF BILLED	75% OF BILLED
E1140	RR	WHEELCHAIR DETACHABLE ARMS SWING AWAY LEG RESTS	80% OF BILLED	75% OF BILLED
E1150		WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY	80% OF BILLED	75% OF BILLED
E1150	RR	WHEELCHAIR DETACHABLE ARMS FULL LENGTH SWING AWAY DETACH	80% OF BILLED	75% OF BILLED
E1160		WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE	80% OF BILLED	75% OF BILLED
E1160	RR	WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE	80% OF BILLED	75% OF BILLED
E1161		3ANUAL ADULT WC W TILTINSPAC	80% OF BILLED	75% OF BILLED
E1161	RR	MANUAL ADULT WC W TILTINSPAC	80% OF BILLED	75% OF BILLED
E1170		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1170	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1171		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS	80% OF BILLED	75% OF BILLED
E1171	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS	80% OF BILLED	75% OF BILLED
E1172		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E1172	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	80% OF BILLED	75% OF BILLED
E1180		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	80% OF BILLED	75% OF BILLED
E1180	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	80% OF BILLED	75% OF BILLED
E1190		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	80% OF BILLED	75% OF BILLED
E1190	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)	80% OF BILLED	75% OF BILLED
E1195		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1195	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1200		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC	80% OF BILLED	75% OF BILLED
E1200	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC	80% OF BILLED	75% OF BILLED
E1210		MOTORIZED WHEELCHAIR WITH MICROSWITCH CONTROL FIXED FULL	80% OF BILLED	75% OF BILLED
E1210	RR	MOTORIZED WHEELCHAIR W/MICRO SWING AWAY DETACH LEG RESTS	80% OF BILLED	75% OF BILLED
E1211		MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED	80% OF BILLED	75% OF BILLED
E1211	RR	MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED	80% OF BILLED	75% OF BILLED
E1212		MOTORIZED WHEELCHAIR WITH CONTROL FIXED ARMS	80% OF BILLED	75% OF BILLED
E1212	RR	MOTORIZED WHEELCHAIR MICROSWITCH FIXED ARMS	80% OF BILLED	75% OF BILLED
E1213		MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS	80% OF BILLED	75% OF BILLED
E1213	RR	MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS	80% OF BILLED	75% OF BILLED
E1220		SPECIALY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND	80% OF BILLED	75% OF BILLED
E1220	RR	SPECIALY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND	80% OF BILLED	75% OF BILLED
E1221		WHEELCHAIR WITH FIXED ARM FOOTRESTS	80% OF BILLED	75% OF BILLED
E1221	RR	WHEELCHAIR WITH FIXED ARM FOOTRESTS	80% OF BILLED	75% OF BILLED
E1222		WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	80% OF BILLED	75% OF BILLED
E1222	RR	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	80% OF BILLED	75% OF BILLED
E1223		WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	80% OF BILLED	75% OF BILLED
E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	80% OF BILLED	75% OF BILLED
E1224		WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	80% OF BILLED	75% OF BILLED
E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	80% OF BILLED	75% OF BILLED
E1225		SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	80% OF BILLED	75% OF BILLED
E1225	RR	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	80% OF BILLED	75% OF BILLED
E1226		FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	80% OF BILLED	75% OF BILLED
E1227		SPECIAL HEIGHT ARMS FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	80% OF BILLED	75% OF BILLED
E1230		POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY) SPECIFY	80% OF BILLED	75% OF BILLED
E1230	RR	POWER OPERATED VEHICLE (3 WHEEL NON-HIGHWAY) INDICATE	80% OF BILLED	75% OF BILLED
E1231		RIGID PED W/C TILT-IN-SPACE	80% OF BILLED	75% OF BILLED
E1231	RR	RIGID PED W/C TILT-IN-SPACE	80% OF BILLED	75% OF BILLED
E1232		FOLDING PED WC TILT-IN-SPACE	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E1232	RR	FOLDING PED WC TILT-IN-SPACE	80% OF BILLED	75% OF BILLED
E1233		RIG PED WC TLTNSPC W/O SEAT	80% OF BILLED	75% OF BILLED
E1233	RR	RIG PED WC TLTNSPC W/O SEAT	80% OF BILLED	75% OF BILLED
E1234		FLD PED WC TLTNSPC W/O SEAT	80% OF BILLED	75% OF BILLED
E1234	RR	FLD PED WC TLTNSPC W/O SEAT	80% OF BILLED	75% OF BILLED
E1235		RIGID PED WC ADJUSTABLE	80% OF BILLED	75% OF BILLED
E1235	RR	RIGID PED WC ADJUSTABLE	80% OF BILLED	75% OF BILLED
E1236		FOLDING PED WC ADJUSTABLE	80% OF BILLED	75% OF BILLED
E1236	RR	FOLDING PED WC ADJUSTABLE	80% OF BILLED	75% OF BILLED
E1237		RGD PED WC ADJSTABL W/O SEAT	80% OF BILLED	75% OF BILLED
E1237	RR	RGD PED WC ADJSTABL W/O SEAT	80% OF BILLED	75% OF BILLED
E1238		FLD PED WC ADJSTABL W/O SEAT	80% OF BILLED	75% OF BILLED
E1238	RR	FLD PED WC ADJSTABL W/O SEAT	80% OF BILLED	75% OF BILLED
E1240		LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH	80% OF BILLED	75% OF BILLED
E1240	RR	LIGHT WEIGHT WHEELCHAIR DETACHABLE ARMS SWINGAWAY LEG REST	80% OF BILLED	75% OF BILLED
E1250		LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1250	RR	LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1260		LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH)	80% OF BILLED	75% OF BILLED
E1260	RR	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL	80% OF BILLED	75% OF BILLED
E1270		LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS	80% OF BILLED	75% OF BILLED
E1270	RR	LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS	80% OF BILLED	75% OF BILLED
E1280		HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEGRESTS	80% OF BILLED	75% OF BILLED
E1280	RR	HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEG	80% OF BILLED	75% OF BILLED
E1285		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1285	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY	80% OF BILLED	75% OF BILLED
E1290		HVY DUTY WHEELCHR DETACH ARMS(DESK/FULL) SWING DETACH FOOT	80% OF BILLED	75% OF BILLED
E1290	RR	HVY DUTY WHEELCHAIR DETACH ARMS(DESK/FULL) SWING DETCH FOOT	80% OF BILLED	75% OF BILLED
E1295		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING	80% OF BILLED	75% OF BILLED
E1295	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING	80% OF BILLED	75% OF BILLED
E1296		SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	80% OF BILLED	75% OF BILLED
E1297		SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	80% OF BILLED	75% OF BILLED
E1298		SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	80% OF BILLED	75% OF BILLED
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	80% OF BILLED	75% OF BILLED
E1300		WHIRLPOOL PORTABLE (OVERTUB TYPE)	\$384.87	\$384.87
E1300	RR	WHIRLPOOL PORTABLE (OVERTUB TYPE)	\$38.49	\$38.49
E1340		REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI	\$10.00	\$10.00
E1372		IMMERSION EXTERNAL HEATER FOR NEBULIZER	\$271.11	\$236.90
E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER	\$27.11	\$23.69

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E1390	NF	OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION	\$204.02	\$228.80
E1390	RR	OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION	\$232.58	\$228.80
E1399		MISC SUPP & EQUIP.	80% OF BILLED	75% OF BILLED
E1405	RR	O2 AND H2O VAPOR ENRICHING SYS W/HEATED DELIVERY	\$276.08	\$263.87
E1406	RR	O2 AND H2O VAPOR ENRICHING SYS W/OUT HEATED DELIVERY	\$273.10	\$248.53
E1639		SCALE, EACH	80% OF BILLED	75% OF BILLED
E1800		DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	\$1,138.06	\$1,225.00
E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	\$113.81	\$122.50
E1801		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF	\$1,157.60	\$1,163.40
E1801	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF	\$115.76	\$116.34
E1802		ADJST FOREARM PRO/SUP DEVICE	\$3,268.00	\$3,268.00
E1802	RR	ADJST FOREARM PRO/SUP DEVICE	\$326.80	\$326.80
E1805		DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	\$1,138.06	\$1,226.80
E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	\$113.81	\$122.68
E1806		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION	\$950.20	\$954.90
E1806	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION	\$95.02	\$95.49
E1810		DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	\$1,138.06	\$1,226.80
E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	\$113.81	\$122.68
E1811		BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION	\$1,203.50	\$1,209.50
E1811	RR	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION	\$120.35	\$120.95
E1815		DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	\$1,138.06	\$1,226.80
E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	\$113.81	\$122.68
E1816		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION	\$1,222.40	\$1,228.50
E1816	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION	\$122.24	\$122.85
E1818		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION	\$1,248.00	\$1,254.20
E1818	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION	\$124.80	\$125.42
E1820		SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE	\$56.39	\$77.11
E1821		REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC	\$104.72	\$105.25
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	\$1,138.06	\$1,226.80
E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	\$113.81	\$122.68
E1830		DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	\$1,138.06	\$1,226.80
E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	\$113.81	\$122.68
E1840		DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES	\$3,541.40	\$3,541.40
E1840	RR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES	\$354.14	\$354.14
E1902		COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE	80% OF BILLED	75% OF BILLED
E1902	RR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE	80% OF BILLED	75% OF BILLED
E2000		GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$465.00	\$467.30
E2000	RR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$46.50	\$46.73

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
E2100		BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	\$626.12	\$629.24
E2101		BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	\$187.63	\$188.56
K0001		STANDARD WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0001	RR	STANDARD WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0002		STANDARD HEMI (LOW SEAT) WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0002	RR	STANDARD HEMI (LOW SEAT) WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0003		LIGHTWEIGHT WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0003	RR	LIGHTWEIGHT WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0004		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0004	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0005		ULTRALIGHTWEIGHT WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0005	RR	ULTRAWEIGHT WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0006		HEAVY DUTY WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0006	RR	HEAVY DUTY WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0007		EXTRA HEAVY DUTY WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0009		OTHER MANUAL WHEELCHAIR/BASE	80% OF BILLED	75% OF BILLED
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	80% OF BILLED	75% OF BILLED
K0010		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0010	RR	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0011		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG	80% OF BILLED	75% OF BILLED
K0011	RR	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR W/PROG	80% OF BILLED	75% OF BILLED
K0012		LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0012	RR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0014		OTHER MOTORIZED/POWER WHEELCHAIR BASE	80% OF BILLED	75% OF BILLED
K0014	RR	OTHER MOTORIZED/POWER WHEELCHAIR BASE	80% OF BILLED	75% OF BILLED
K0015		DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH	80% OF BILLED	75% OF BILLED
K0015	RR	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH	80% OF BILLED	75% OF BILLED
K0016		DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA	80% OF BILLED	75% OF BILLED
K0016	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA	80% OF BILLED	75% OF BILLED
K0017		DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH	80% OF BILLED	75% OF BILLED
K0017	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH	80% OF BILLED	75% OF BILLED
K0018		DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH	80% OF BILLED	75% OF BILLED
K0018	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH	80% OF BILLED	75% OF BILLED
K0019		ARM PAD EACH	80% OF BILLED	75% OF BILLED
K0019	RR	ARM PAD EACH	80% OF BILLED	75% OF BILLED
K0020		FIXED ADJUSTABLE HEIGHT ARMREST PAIR	80% OF BILLED	75% OF BILLED
K0020	RR	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
K0022		REINFORCED BACK UPHOLSTERY	80% OF BILLED	75% OF BILLED
K0022	RR	REINFORCED BACK UPHOLSTERY	80% OF BILLED	75% OF BILLED
K0023		SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACHE	80% OF BILLED	75% OF BILLED
K0023	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACH	80% OF BILLED	75% OF BILLED
K0024		SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD	80% OF BILLED	75% OF BILLED
K0024	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD	80% OF BILLED	75% OF BILLED
K0025		HOOK-ON HEADREST EXTENSION	80% OF BILLED	75% OF BILLED
K0025	RR	HOOK-ON HEADREST EXTENSION	80% OF BILLED	75% OF BILLED
K0026		BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW	80% OF BILLED	75% OF BILLED
K0026	RR	BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW	80% OF BILLED	75% OF BILLED
K0027		BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI	80% OF BILLED	75% OF BILLED
K0027	RR	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI	80% OF BILLED	75% OF BILLED
K0028		FULLY RECLINING BACK	80% OF BILLED	75% OF BILLED
K0028	RR	FULLY RECLINING BACK	80% OF BILLED	75% OF BILLED
K0029		REINFORCED SEAT UPHOLSTERY	80% OF BILLED	75% OF BILLED
K0029	RR	REINFORCED SEAT UPHOLSTERY	80% OF BILLED	75% OF BILLED
K0030		SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM	80% OF BILLED	75% OF BILLED
K0030	RR	SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM	80% OF BILLED	75% OF BILLED
K0031		SAFETY BELT/PELVIC STRAP	80% OF BILLED	75% OF BILLED
K0031	RR	SAFETY BELT/PELVIC STRAP	80% OF BILLED	75% OF BILLED
K0032		SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW	80% OF BILLED	75% OF BILLED
K0032	RR	SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW	80% OF BILLED	75% OF BILLED
K0033		SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI	80% OF BILLED	75% OF BILLED
K0033	RR	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI	80% OF BILLED	75% OF BILLED
K0035		HEEL LOOP WITH ANKLE STRAP EACH	80% OF BILLED	75% OF BILLED
K0035	RR	HEEL LOOP WITH ANKLE STRAP EACH	80% OF BILLED	75% OF BILLED
K0036		TOE LOOP EACH	80% OF BILLED	75% OF BILLED
K0036	RR	TOE LOOP EACH	80% OF BILLED	75% OF BILLED
K0037		HIGH MOUNT FLIP-UP FOOTREST EACH	80% OF BILLED	75% OF BILLED
K0037	RR	HIGH MOUNT FLIP-UP FOOTREST EACH	80% OF BILLED	75% OF BILLED
K0038		LEG STRAP EACH	80% OF BILLED	75% OF BILLED
K0038	RR	LEG STRAP EACH	80% OF BILLED	75% OF BILLED
K0039		LEG STRAP H STYLE EACH	80% OF BILLED	75% OF BILLED
K0039	RR	LEG STRAP H STYLE EACH	80% OF BILLED	75% OF BILLED
K0040		ADJUSTABLE ANGLE FOOTPLATE EACH	80% OF BILLED	75% OF BILLED
K0040	RR	ADJUSTABLE ANGLE FOOTPLATE EACH	80% OF BILLED	75% OF BILLED
K0041		LARGE SIZE FOOTPLATE EACH	80% OF BILLED	75% OF BILLED
K0041	RR	LARGE SIZE FOOTPLATE EACH	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
K0042		STANDARD SIZE FOOTPLATE EACH	80% OF BILLED	75% OF BILLED
K0042	RR	STANDARD SIZE FOOTPLATE EACH	80% OF BILLED	75% OF BILLED
K0043		FOOTREST LOWER EXTENSION TUBE EACH	80% OF BILLED	75% OF BILLED
K0043	RR	FOOTREST LOWER EXTENSION TUBE EACH	80% OF BILLED	75% OF BILLED
K0044		FOOTREST UPPER HANGER BRACKET EACH	80% OF BILLED	75% OF BILLED
K0044	RR	FOOTREST UPPER HANGER BRACKET EACH	80% OF BILLED	75% OF BILLED
K0045		FOOTREST COMPLETE ASSEMBLY	80% OF BILLED	75% OF BILLED
K0045	RR	FOOTREST COMPLETE ASSEMBLY	80% OF BILLED	75% OF BILLED
K0046		ELEVATING LEGREST LOWER EXTENSION TUBE EACH	80% OF BILLED	75% OF BILLED
K0046	RR	ELEVATING LEGREST LOWER EXTENSION TUBE EACH	80% OF BILLED	75% OF BILLED
K0047		ELEVATING LEGREST UPPER HANGER BRACKET EACH	80% OF BILLED	75% OF BILLED
K0047	RR	ELEVATING LEGREST UPPER HANGER BRACKET EACH	80% OF BILLED	75% OF BILLED
K0048		ELEVATING LEGREST COMPLETE ASSEMBLY	80% OF BILLED	75% OF BILLED
K0048	RR	ELEVATING LEGREST COMPLETE ASSEMBLY	80% OF BILLED	75% OF BILLED
K0049		CALF PAD EACH	80% OF BILLED	75% OF BILLED
K0049	RR	CALF PAD EACH	80% OF BILLED	75% OF BILLED
K0050		RATCHET ASSEMBLY	80% OF BILLED	75% OF BILLED
K0050	RR	RATCHET ASSEMBLY	80% OF BILLED	75% OF BILLED
K0051		CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH	80% OF BILLED	75% OF BILLED
K0051	RR	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH	80% OF BILLED	75% OF BILLED
K0052		SWINGAWAY DETACHABLE FOOTRESTS EACH	80% OF BILLED	75% OF BILLED
K0052	RR	SWINGAWAY DETACHABLE FOOTRESTS EACH	80% OF BILLED	75% OF BILLED
K0053		ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH	80% OF BILLED	75% OF BILLED
K0053	RR	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH	80% OF BILLED	75% OF BILLED
K0054		SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH STR	80% OF BILLED	75% OF BILLED
K0054	RR	SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH ST	80% OF BILLED	75% OF BILLED
K0055		SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI	80% OF BILLED	75% OF BILLED
K0055	RR	SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI	80% OF BILLED	75% OF BILLED
K0056		SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0056	RR	SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH	80% OF BILLED	75% OF BILLED
K0057		SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHA	80% OF BILLED	75% OF BILLED
K0057	RR	SEAT WIDTH 19" OR 20" FIR HEAVY DUTY OR EXTRA HEAVY DUTY CHA	80% OF BILLED	75% OF BILLED
K0058		SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0058	RR	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0059		PLASTIC COATED HANDRIM EACH	80% OF BILLED	75% OF BILLED
K0059	RR	PLASTIC COATED HANDRIM EACH	80% OF BILLED	75% OF BILLED
K0060		STEEL HANDRIM EACH	80% OF BILLED	75% OF BILLED
K0060	RR	STEEL HANDRIM EACH	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
K0061		ALUMINUM HANDRIM EACH	80% OF BILLED	75% OF BILLED
K0061	RR	ALUMINUM HANDRIM EACH	80% OF BILLED	75% OF BILLED
K0062		HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS EACH	80% OF BILLED	75% OF BILLED
K0062	RR	HANDRIM WITH 8 - 10 VERTICAL OR OBLIQUE PROJECTIONS EACH	80% OF BILLED	75% OF BILLED
K0063		HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS EACH	80% OF BILLED	75% OF BILLED
K0063	RR	HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS EACH	80% OF BILLED	75% OF BILLED
K0064		ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0064	RR	ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0065		SPOKE PROTECTORS	80% OF BILLED	75% OF BILLED
K0065	RR	SPOKE PROTECTORS	80% OF BILLED	75% OF BILLED
K0066		SOLID TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0066	RR	SOLID TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0067		PNEUMATIC TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0067	RR	PNEUMATIC TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0068		PNEUMATIC TIRE TUBE EACH	80% OF BILLED	75% OF BILLED
K0068	RR	PNEUMATIC TIRE TUBE EACH	80% OF BILLED	75% OF BILLED
K0069		REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO	80% OF BILLED	75% OF BILLED
K0069	RR	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO	80% OF BILLED	75% OF BILLED
K0070		REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O	80% OF BILLED	75% OF BILLED
K0070	RR	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES	80% OF BILLED	75% OF BILLED
K0071		FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH	80% OF BILLED	75% OF BILLED
K0071	RR	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH	80% OF BILLED	75% OF BILLED
K0072		FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E	80% OF BILLED	75% OF BILLED
K0072	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE	80% OF BILLED	75% OF BILLED
K0073		CASTER PIN LOCK EACH	80% OF BILLED	75% OF BILLED
K0073	RR	CASTER PIN LOCK EACH	80% OF BILLED	75% OF BILLED
K0074		PNEUMATIC CASTER TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0074	RR	PNEUMATIC CASTER TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0075		SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0075	RR	SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0076		SOLID CASTER TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0076	RR	SOLID CASTER TIRE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0077		FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH	80% OF BILLED	75% OF BILLED
K0077	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH	80% OF BILLED	75% OF BILLED
K0078		PNEUMATIC CASTER TIRE TUBE EACH	80% OF BILLED	75% OF BILLED
K0078	RR	PNEUMATIC CASTER TIRE TUBE EACH	80% OF BILLED	75% OF BILLED
K0079		WHEEL LOCK EXTENSION PAIR	80% OF BILLED	75% OF BILLED
K0079	RR	WHEEL LOCK EXTENSION PAIR	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
K0080		ANTI-ROLLBACK DEVICE PAIR	80% OF BILLED	75% OF BILLED
K0080	RR	ANTI-ROLLBACK DEVICE PAIR	80% OF BILLED	75% OF BILLED
K0081		WHEEL LOCK ASSEMBLY COMPLETE EACH	80% OF BILLED	75% OF BILLED
K0081	RR	WHEEL LOCK ASSEMBLY COMPLETE EACH	80% OF BILLED	75% OF BILLED
K0082		22 NF DEEP CYCLE LEAD ACID BATTERY EACH	80% OF BILLED	75% OF BILLED
K0082	RR	22 NF DEEP CYCLE LEAD ACID BATTERY EACH	80% OF BILLED	75% OF BILLED
K0083		22 NF GEL CELL BATTERY EACH	80% OF BILLED	75% OF BILLED
K0083	RR	22 NF GEL CELL BATTERY EACH	80% OF BILLED	75% OF BILLED
K0084		GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH	80% OF BILLED	75% OF BILLED
K0084	RR	GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH	80% OF BILLED	75% OF BILLED
K0085		GROUP 24 GEL CELL BATTERY EACH	80% OF BILLED	75% OF BILLED
K0085	RR	GROUP 24 GEL CELL BATTERY EACH	80% OF BILLED	75% OF BILLED
K0086		U-1 LEAD ACID BATTERY EACH	80% OF BILLED	75% OF BILLED
K0086	RR	U-1 GEL CELL BATTERY EACH	80% OF BILLED	75% OF BILLED
K0087		U-1 GEL CELL BATTERY EACH	80% OF BILLED	75% OF BILLED
K0087	RR	U-1 GEL CELL BATTERY EACH	80% OF BILLED	75% OF BILLED
K0088		BATTERY CHARGER LEAD ACID OR GEL CELL	80% OF BILLED	75% OF BILLED
K0088	RR	BATTERY CHARGER LEAD ACID OR GEL CELL	80% OF BILLED	75% OF BILLED
K0089		BATTERY CHARGER DUAL MODE	80% OF BILLED	75% OF BILLED
K0089	RR	BATTERY CHARGER DUAL MODE	80% OF BILLED	75% OF BILLED
K0090		REAR WHEEL TIRE FOR POWER WHEELCHAIR ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0090	RR	REAR WHEEL TIRE OR POWER WHEELCHAIR ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0091		REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEE	80% OF BILLED	75% OF BILLED
K0091	RR	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEE	80% OF BILLED	75% OF BILLED
K0092		REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH	80% OF BILLED	75% OF BILLED
K0092	RR	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH	80% OF BILLED	75% OF BILLED
K0093		REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR P	80% OF BILLED	75% OF BILLED
K0093	RR	REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR	80% OF BILLED	75% OF BILLED
K0094		WHEEL TIRE FOR POWER BASE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0094	RR	WHEEL TIRE FOR POWER BASE ANY SIZE EACH	80% OF BILLED	75% OF BILLED
K0095		WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY	80% OF BILLED	75% OF BILLED
K0095	RR	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY	80% OF BILLED	75% OF BILLED
K0096		WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH	80% OF BILLED	75% OF BILLED
K0096	RR	WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH	80% OF BILLED	75% OF BILLED
K0097		WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER B	80% OF BILLED	75% OF BILLED
K0097	RR	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER	80% OF BILLED	75% OF BILLED
K0098		DRIVE BELT FOR POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0098	RR	DRIVE BELT FOR POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
K0099		FRONT CASTER FOR POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0099	RR	FRONT CASTER FOR POWER WHEELCHAIR	80% OF BILLED	75% OF BILLED
K0100		AMPUTEE ADAPTER PARI	80% OF BILLED	75% OF BILLED
K0100	RR	AMPUTEE ADAPTER PARI	80% OF BILLED	75% OF BILLED
K0102		CRUTCH AND CANE HOLDER	80% OF BILLED	75% OF BILLED
K0102	RR	CRUTCH AND CANE HOLDER	80% OF BILLED	75% OF BILLED
K0103		TRANSFER BOARD <25"	80% OF BILLED	75% OF BILLED
K0103	RR	TRANSFER BOARD < 25"	80% OF BILLED	75% OF BILLED
K0104		CYLINDER TANK CARRIER	80% OF BILLED	75% OF BILLED
K0104	RR	CYLINDER TANK CARRIER	80% OF BILLED	75% OF BILLED
K0105		IV HANGER	80% OF BILLED	75% OF BILLED
K0105	RR	IV HANGER	80% OF BILLED	75% OF BILLED
K0106		ARM TROUGH EACH	80% OF BILLED	75% OF BILLED
K0106	RR	ARM TROUGH EACH	80% OF BILLED	75% OF BILLED
K0107		WHEELCHAIR TRAY	80% OF BILLED	75% OF BILLED
K0107	RR	WHEELCHAIR TRAY	80% OF BILLED	75% OF BILLED
K0108		OTHER ACCESSORIES	80% OF BILLED	75% OF BILLED
K0108	RR	OTHER ACCESSORIES	80% OF BILLED	75% OF BILLED
K0112		TRUNK SUPPORT DEVICE VEST TYPE WITH INNER FRAME PREFABRIC	80% OF BILLED	\$237.82
K0113		TRUNK SUPPORT DEVICE VEST TYPE WITHOUT INNER FRAME PREFAB	80% OF BILLED	\$145.07
K0114		BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR WITH INNER FR	80% OF BILLED	75% OF BILLED
K0115		SEATING SYSTEM BACK MODULE POSTERIOR-LATERAL CONTROL	80% OF BILLED	75% OF BILLED
K0116		SEATING SYSTEM COMBINED BACK AND SEAT MODULE CUSTOM FABRIC	80% OF BILLED	75% OF BILLED
K0195		ELEVATING LEG RESTS PAIR (WHEELCHAIR)	80% OF BILLED	75% OF BILLED
K0195	RR	ELEVATING LEG RESTS PAIR (WHEELCHAIR)	80% OF BILLED	75% OF BILLED
K0268		HUMIDIFIER NON-HEATED USED W/POSITIVE AIRWAY PRESSURE DEVICE	\$102.06	\$107.00
K0452		WHEELCHAIR BEARINGS ANY TYPE	80% OF BILLED	75% OF BILLED
K0460		POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK	80% OF BILLED	75% OF BILLED
K0460	RR	POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK	80% OF BILLED	75% OF BILLED
K0461		POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER	80% OF BILLED	75% OF BILLED
K0461	RR	POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER	80% OF BILLED	75% OF BILLED
K0531		HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE	\$344.64	\$301.10
K0531	RR	HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE	\$28.72	\$30.11
K0532		RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE	\$2,516.76	\$2,198.80
K0532	RR	RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE	\$209.73	\$219.88
K0533	RR	RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE NONINVASIVE	\$520.64	\$545.84
K0534	RR	RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE INVASIVE	\$520.64	\$545.84
K0538		NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.	\$16,421.10	\$17,164.60

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
K0538	RR	NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.	\$1,642.11	\$1,716.46
K0539		DRESSING SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.	\$26.23	\$27.42
K0540		CANISTER SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.	\$23.46	\$24.53
K0541		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN.	\$374.13	\$391.10
K0541	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN.	\$37.41	\$39.11
K0542		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.	\$1,446.05	\$1,511.40
K0542	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.	\$144.60	\$151.14
K0543		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.	\$3,421.71	\$3,576.70
K0543	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.	\$342.17	\$357.67
K0544		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.	\$6,475.12	\$6,768.20
K0544	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.	\$647.51	\$676.82
K0545		SPEECH GENERATING SOFTWARE PROGRAM	80% OF BILLED	75% OF BILLED
K0546		ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM, EACH.	80% OF BILLED	75% OF BILLED
K0547		ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASS.	80% OF BILLED	75% OF BILLED
K0549		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	\$2,805.70	\$2,805.70
K0549	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	\$280.57	\$274.65
K0550		HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER	\$7,872.80	\$7,706.70
K0550	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER	\$787.28	\$770.67
K0556		SOCKET INSERT W LOCK MECH	\$607.63	\$607.63
K0557		SOCKET INSERT W/O LOCK MECH	\$506.34	\$506.34
K0558		INTL CUSTM CONG/ATYP INSERT	\$1,074.81	\$1,074.81
K0559		INITIAL CUSTOM SOCKET INSERT	\$1,074.81	\$1,074.81
K0581		OST PCH CLSD W BARRIER/FILTR	\$2.75	\$2.75
K0582		OST PCH W BAR/BLTINCONV/FLTR	\$3.72	\$3.72
K0583		OST PCH CLSD W/O BAR W FILTR	\$1.81	\$1.81
K0584		OST PCH FOR BAR W FLANGE/FLT	\$1.74	\$1.74
K0585		OST PCH CLSD FOR BAR W LK FL	80% OF BILLED	75% OF BILLED
K0586		OST PCH FOR BAR W LK FL/FLTR	80% OF BILLED	75% OF BILLED
K0587		OST PCH DRAIN W BAR & FILTER	\$4.75	\$4.75
K0588		OST PCH DRAIN FOR BARRIER FL	\$3.58	\$3.58
K0589		OST PCH DRAIN 2 PIECE SYSTEM	\$2.36	\$2.36
K0590		OST PCH DRAIN/BARR LK FLNG/F	80% OF BILLED	75% OF BILLED
K0591		URINE OST POUCH W FAUCET/TAP	\$6.51	\$6.51
K0592		URINE OST POUCH W BLTINCONV	\$7.52	\$7.52
K0593		OST URINE PCH W B/BLTIN CONV	\$8.52	\$8.52
K0594		OST PCH URINE W BARRIER/TAPV	\$5.08	\$5.08
K0595		OS PCH URINE W BAR/FANGE/TAP	\$3.59	\$3.59
K0596		URINE OST PCH BAR W LOCK FLN	\$3.34	\$3.34

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
K0597		OST PCH URINE W LOCK FLNG/FT	\$3.76	\$3.76
L0100		CERVICAL CRANIOSTENOSIS HELMET MOLDED TO PATIENT MODEL	80% OF BILLED	\$476.67
L0110		CERVICAL CRANIOSTENOSIS HELMET NON-MOLDED	80% OF BILLED	\$108.14
L0120		CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)	\$25.42	\$19.97
L0130		CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT	80% OF BILLED	\$122.81
L0140		CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)	80% OF BILLED	\$54.41
L0150		CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO	80% OF BILLED	\$81.35
L0160		CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIBULAR SUPPOR	80% OF BILLED	\$117.90
L0170		CERVICAL COLLAR MOLDED TO PATIENT MODEL	80% OF BILLED	\$485.46
L0172		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE	80% OF BILLED	\$99.28
L0174		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE	80% OF BILLED	\$241.87
L0180		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT	80% OF BILLED	\$278.92
L0190		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT	80% OF BILLED	\$387.19
L0200		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT	80% OF BILLED	\$420.47
L0210		THORACIC RIB BELT CUSTOM FITTED	80% OF BILLED	\$33.33
L0220		THORACIC RIB BELT CUSTOM FABRICATED	80% OF BILLED	\$92.19
L0450		TLSO FLEX PREFAB THORACIC	\$130.83	\$130.83
L0452		TLSO FLEX CUSTOM FAB THORACI	\$248.14	\$248.14
L0454		TLSO FLEX PREFAB SACROCOCC-T9	\$366.83	\$366.83
L0456		TLSO FLEX PREFAB	\$366.83	\$366.83
L0458		TLSO 2MOD SYMPHYSIS-XIPHO PRE	\$606.25	\$606.25
L0460		TLSO2MOD SYMPHYSIS-STERN PRE	\$606.25	\$606.25
L0462		TLSO 3MOD SACRO-SCAP PRE	\$606.25	\$606.25
L0464		TLSO 4MOD SACRO-SCAP PRE	\$606.25	\$606.25
L0466		TLSO RIGID FRAME PRE SOFT AP	\$293.85	\$293.85
L0468		TLSO RIGID FRAME PREFAB PELV	\$345.05	\$345.05
L0470		TLSO RIGID FRAME PRE SUBCLAV	\$479.92	\$479.92
L0472		TLSO RIGID FRAME HYPEREX PRE	\$304.37	\$304.37
L0474		TLSO RIGID FRAME PRE PELVIC	\$468.43	\$468.43
L0476		TLSO FLEXION COMPRES JAC PRE	\$720.54	\$720.54
L0478		TLSO FLEXION COMPRES JAC CUS	\$1,253.86	\$1,253.86
L0480		TLSO RIGID PLASTIC CUSTOM FA	\$1,331.96	\$1,331.96
L0482		TLSO RIGID LINED CUSTOM FAB	\$1,489.36	\$1,489.36
L0484		TLSO RIGID PLASTIC CUST FAB	\$1,607.44	\$1,607.44
L0486		TLSO RIGIDLINED CUST FAB TWO	\$1,628.69	\$1,628.69
L0488		TLSO RIGID LINED PRE ONE PIE	\$1,140.86	\$1,140.86
L0490		TLSO RIGID PLASTIC PRE ONE	\$843.32	\$843.32
L0500		LUMBAR-SACRAL-ORTHOSIS (LSO) FLEXIBLE (LUMBO-SACRAL SURGIC	\$88.57	\$102.08

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L0510		LSO FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT) CUSTOM	80% OF BILLED	\$207.48
L0515		LSO FLEXIBLE LUMBO-SACRAL SURGICAL SUPPORT ELASTIC TYPE W	80% OF BILLED	\$247.97
L0520		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT WILCOX	80% OF BILLED	\$313.54
L0530		LSO ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE) WITH	80% OF BILLED	\$400.15
L0540		LSO LUMBAR FLEXION (WILLIAMS FLEXION TYPE)	80% OF BILLED	\$401.27
L0550		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL	80% OF BILLED	\$1,166.71
L0560		LSO ANTERIOR-POSTERIOR LATERAL CONTROL	80% OF BILLED	\$1,306.09
L0561		TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR	\$277.90	\$280.96
L0565		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL CUSTOM FITTED	80% OF BILLED	\$844.13
L0600		SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM F	80% OF BILLED	\$85.88
L0610		SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM	80% OF BILLED	\$194.47
L0620		SACROILIAC SEMI-RIGID (GOLDTHWAITE OSGOOD TYPES) WITH	80% OF BILLED	\$318.71
L0700		CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO)	80% OF BILLED	\$1,539.55
L0710		CTLSO ANTERIOR-POSTERIOR-LATERAL-CONTROL MOLDED TO	80% OF BILLED	\$1,796.53
L0810		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET	80% OF BILLED	\$2,028.51
L0820		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO PLASTER BOD	80% OF BILLED	\$1,754.93
L0830		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO MILWAUKEE T	80% OF BILLED	\$2,360.48
L0860		ADDITION TO HALO PROCEDURES MAGNETIC REASONANCE IMAGE COMPA	80% OF BILLED	\$1,222.71
L0960		TORSO SUPPORT POST SURGICAL SUPPORT PADS FOR POST	80% OF BILLED	\$52.00
L0970		TLSO CORSET FRONT	80% OF BILLED	\$114.71
L0972		LSO CORSET FRONT	80% OF BILLED	\$83.33
L0974		TLSO FULL CORSET	80% OF BILLED	\$134.77
L0976		LSO FULL CORSET	80% OF BILLED	\$152.71
L0978		AXILLARY CRUTCH EXTENSION	80% OF BILLED	\$144.90
L0980		PERONEAL STRAPS PAIR	80% OF BILLED	\$13.14
L0982		STOCKING SUPPORTER GRIPS SET OF FOUR (4)	80% OF BILLED	\$12.25
L0984		PROTECTIVE BODY SOCK EACH	\$43.43	\$50.16
L0999		ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	80% OF BILLED	75% OF BILLED
L1000		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE)	80% OF BILLED	\$1,780.89
L1005		TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND	\$2,576.62	\$2,604.96
L1010		ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO)	80% OF BILLED	\$50.52
L1020		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD	80% OF BILLED	\$65.06
L1025		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD FLOAT	80% OF BILLED	\$93.87
L1030		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR	80% OF BILLED	\$47.89
L1040		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR	80% OF BILLED	\$58.73
L1050		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD	80% OF BILLED	\$62.67
L1060		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD	80% OF BILLED	\$71.99
L1070		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS	80% OF BILLED	\$67.73

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L1080		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER	80% OF BILLED	\$53.54
L1085		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER BILATERA	80% OF BILLED	\$115.87
L1090		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING	80% OF BILLED	\$74.51
L1100		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE	80% OF BILLED	\$119.71
L1110		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE	80% OF BILLED	\$192.25
L1120		ADDITION TO CTLSO SCOLIOSIS ORTHOSIS COVER	80% OF BILLED	\$32.32
L1200		THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO) INCLUSIVE OF FURNISH	80% OF BILLED	\$1,414.39
L1210		ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION	80% OF BILLED	\$262.62
L1220		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION	80% OF BILLED	\$173.88
L1230		ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUCTU	80% OF BILLED	\$568.77
L1240		ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD	80% OF BILLED	\$58.45
L1250		ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD	80% OF BILLED	\$54.38
L1260		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC DEROTATIO	80% OF BILLED	\$56.95
L1270		ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD	80% OF BILLED	\$58.32
L1280		ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH	80% OF BILLED	\$64.94
L1290		ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD	80% OF BILLED	\$59.17
L1300		OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT	80% OF BILLED	\$1,562.65
L1310		OTHER SCOLIOSIS PROCEDURE POST-OPERATIVE BODY JACKET	80% OF BILLED	\$1,654.74
L1499		SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	80% OF BILLED	75% OF BILLED
L1500		THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO) MOBILITY FRAME	80% OF BILLED	\$1,566.65
L1510		THKAO STANDING FRAME	80% OF BILLED	\$1,161.69
L1520		THKAO SWIVEL WALKER	80% OF BILLED	\$1,752.35
L1600		HIP ORTHOSIS (HO) ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE	80% OF BILLED	\$99.21
L1610		HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE FREJKA COVER	80% OF BILLED	\$33.05
L1620		HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE PAVLIK HARNES	80% OF BILLED	\$100.86
L1630		HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEXIBLE	80% OF BILLED	\$127.56
L1640		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC	80% OF BILLED	\$426.17
L1650		HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE	80% OF BILLED	\$196.38
L1652		HO BI THIGHCUFFS W SPRDR BAR	\$290.13	\$290.13
L1660		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC CUSTOM	80% OF BILLED	\$128.82
L1680		HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC	80% OF BILLED	\$917.18
L1685		HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC	80% OF BILLED	\$895.39
L1686		HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC	80% OF BILLED	\$773.92
L1690		COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL	80% OF BILLED	\$1,573.83
L1700		LEGG PERTHES ORTHOSIS TORONTO TYPE	80% OF BILLED	\$1,149.54
L1710		LEGG PERTHES ORTHOSIS NEWINGTON TYPE	80% OF BILLED	\$1,345.66
L1720		LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE)	80% OF BILLED	\$991.92
L1730		LEGG PERTHES ORTHOSIS SCOTTISH RITE TYPE	80% OF BILLED	\$853.39

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L1750		LEGG PERTHES ORTHOSIS LEGG PERTHES SLING (SAM	80% OF BILLED	\$148.10
L1755		LEGG PERTHES ORTHOSIS PATTEN BOTTOM TYPE	80% OF BILLED	\$1,191.80
L1800		KNEE ORTHOSIS (KO) ELASTIC WITH STAYS	80% OF BILLED	\$50.07
L1810		KO ELASTIC WITH JOINTS	80% OF BILLED	\$76.00
L1815		KO ELASTIC WITH CONDYLAR PADS	80% OF BILLED	\$72.92
L1820		KO ELASTIC WITH CONDYLAR PADS AND JOINTS	80% OF BILLED	\$106.74
L1825		KO ELASTIC KNEE CAP	80% OF BILLED	\$41.39
L1830		KO IMMOBILIZER CANVAS LONGITUDINAL	80% OF BILLED	\$69.54
L1832		KO ADJUSTABLE KNEE JOINTS POSITIONAL ORTHOSIS RIGID SUPPO	80% OF BILLED	\$457.65
L1834		KO WITHOUT KNEE JOINT RIGID MOLDED TO PATIENT MODEL	80% OF BILLED	\$617.25
L1836		RIGID KO WO JOINTS	\$108.61	\$108.61
L1840		KO DEROTATION MEDIAL-LATERAL ANTERIOR CRUCIATE LIGAMENT	80% OF BILLED	\$692.14
L1844		SINGLE UPRIGHT THIGH & CALF CUSTOM FITTED	80% OF BILLED	\$1,351.18
L1845		KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION	\$506.99	\$635.45
L1846		KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION	80% OF BILLED	\$799.20
L1847		KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER	\$446.51	\$468.12
L1850		KO SWEDISH TYPE	80% OF BILLED	\$246.75
L1855		KO MOLDED PLASTIC THIGH AND CALF SECTIONS WITH DOUBLE UPR	80% OF BILLED	\$827.19
L1858		KO MOLDED PLASTIC POLYCENTRIC KNEE JOINTS PNEUMATIC KNEE	80% OF BILLED	\$996.41
L1860		KO MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET	80% OF BILLED	\$807.75
L1870		KO DOUBLE UPRIGHT THIGH AND CALF LACERS MOLDED TO PATIENT	80% OF BILLED	\$787.77
L1880		KO DOUBLE UPRIGHT NON-MOLDED THIGH AND CALF CUFFS/LACERS	80% OF BILLED	\$538.49
L1885		KO SINGLE OR DOUBLE UPRIGHT THIGH & CALF W/FUNCTIONAL ACTI	\$748.60	\$839.57
L1900		ANKLE-FOOT ORTHOSIS (AFO) SPRING WIRE DORSIFLEXION ASSIST	80% OF BILLED	\$221.45
L1901		PREFAB ANKLE ORTHOSIS	\$14.38	\$14.38
L1902		AFO ANKLE GAUNTLET CUSTOM FITTED	80% OF BILLED	\$60.09
L1904		AFO MOLDED ANKLE GAUNTLET MOLDED TO PATIENT MODEL	80% OF BILLED	\$353.98
L1906		AFO MULTILIGAMENTUS ANKLE SUPPORT	80% OF BILLED	\$120.70
L1910		AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER	80% OF BILLED	\$203.52
L1920		AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP	80% OF BILLED	\$330.98
L1930		AFO CUSTOM FITTED PLASTIC	80% OF BILLED	\$194.36
L1940		AFO MOLDED TO PATIENT MODEL PLASTIC	80% OF BILLED	\$372.27
L1945		AFO MOLDED TO PATIENT MODEL PLASTIC RIGID ANTERIOR TIBIAL	80% OF BILLED	\$716.99
L1950		AFO SPIRAL MOLDED TO PATIENT MODEL (IRM TYPE) PLASTIC	80% OF BILLED	\$606.62
L1960		AFO POSTERIOR SOLID ANKLE MOLDED TO PATIENT MODEL PLASTIC	\$326.15	\$417.24
L1970		AFO PLASTIC MOLDED TO PATIENT MODEL WITH ANKLE JOINT	\$515.72	\$562.72
L1980		AFO SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP	80% OF BILLED	\$297.89
L1990		AFO DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP	80% OF BILLED	\$335.54

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L2000		KNEE-ANKLE-FOOT-ORTHOSES (KAFO) SINGLE UPRIGHT FREE	80% OF BILLED	\$791.06
L2010		KAFO SINGLE UPRIGHT FREE ANKLE SOLID STIRRUP	80% OF BILLED	\$814.36
L2020		KAFO DOUBLE UPRIGHT FREE KNEE FREE ANKLE SOLID STIRRUP	80% OF BILLED	\$878.96
L2030		KAFO DOUBLE UPRIGHT FREE ANKLE SOLID STIRRUP	80% OF BILLED	\$762.57
L2035		KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE)	80% OF BILLED	\$140.99
L2036		KAFO FULL PLASTIC DOUBLE UPRIGHT FREE KNEE MOLDED TO PAT	80% OF BILLED	\$1,533.06
L2037		KAFO FULL PLASTIC SINGLE UPRIGHT FREE KNEE MOLDED TO PAT	80% OF BILLED	\$1,253.79
L2038		KAFO FULL PLASTIC WITHOUT KNEE JOINT MULTI-AXIS ANKLE MO	80% OF BILLED	\$1,076.24
L2039		KAFO FULL PLASTIC SNGL POLY-AXIAL MED LAT ROTATION CUST	80% OF BILLED	\$1,808.75
L2040		HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL BILATE	80% OF BILLED	\$173.67
L2050		HKAFO TORSION CONTROL BILATERAL TORSION CABLES HIP	80% OF BILLED	\$396.76
L2060		HKAFO TORSION CONTROL BILATERAL TORSION CABLES BALL	80% OF BILLED	\$445.52
L2070		HKAFO TORSION CONTROL UNILATERAL ROTATION STRAPS	80% OF BILLED	\$101.23
L2080		HKAFO TORSION CONTROL UNILATERAL TORSION CABLE HIP	80% OF BILLED	\$270.75
L2090		HKAFO TORSION CONTROL UNILATERAL TORSION CABLE BALL	80% OF BILLED	\$366.95
L2102		ANKLE-FOOT-ORTHOSIS (AFO) FRACTURE ORTHOSIS TIBIAL FRACTUR	80% OF BILLED	75% OF BILLED
L2104		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS SYNTH	80% OF BILLED	75% OF BILLED
L2106		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS THERM	80% OF BILLED	\$511.81
L2108		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS MOLDE	80% OF BILLED	\$915.89
L2112		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SOFT CUSTO	80% OF BILLED	\$351.20
L2114		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SEMI-RIGID	80% OF BILLED	\$440.51
L2116		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS RIGID CUST	80% OF BILLED	\$535.89
L2122		KNEE-ANKLE-FOOT-ORTHOSIS (KAFO) FRACTURE ORTHOSIS FEMORAL	80% OF BILLED	75% OF BILLED
L2124		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SYN	80% OF BILLED	75% OF BILLED
L2126		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS THE	80% OF BILLED	\$1,012.22
L2128		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS MOL	80% OF BILLED	\$1,290.77
L2132		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SOF	80% OF BILLED	\$785.16
L2134		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SEM	80% OF BILLED	\$728.05
L2136		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS RIG	80% OF BILLED	\$1,000.59
L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS PLASTIC SHOE	80% OF BILLED	\$114.79
L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS DROP LOCK KNE	80% OF BILLED	\$73.46
L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS LIMITED MOTIO	80% OF BILLED	\$102.16
L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS ADJUSTABLE MO	80% OF BILLED	\$135.70
L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS QUADRILATERAL	80% OF BILLED	\$225.44
L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS WAIST BELT	80% OF BILLED	\$68.07
L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS HIP JOINT PE	80% OF BILLED	\$268.40
L2200		ADDITION TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOIN	80% OF BILLED	\$47.72
L2210		ADDITION TO LOWER EXTREMITY DORSIFLEXION ASSIST (PLANTAR	80% OF BILLED	\$67.47

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L2220		ADDITION TO LOWER EXTREMITY DORSIFLEXION AND PLANTAR FLEXIO	80% OF BILLED	\$79.87
L2230		ADDITION TO LOWER EXTREMITY SPLIT FLAT CALIPER STIRRUPS	80% OF BILLED	\$63.01
L2240		ADDITION TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHM	80% OF BILLED	\$62.95
L2250		ADDITION TO LOWER EXTREMITY FOOT PLATE MOLDED TO PATIENT	80% OF BILLED	\$316.65
L2260		ADDITION TO LOWER EXTREMITY REINFORCED SOLID STIRRUP	80% OF BILLED	\$172.56
L2265		ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP	80% OF BILLED	\$88.65
L2270		ADDITION TO LOWER EXTREMITY VARUS/VALGUS CORRECTION ("T")	\$37.00	\$44.39
L2275		ADD TO LOWER EXT VARUS/VALGUS CORRECTION PLASTIC MOD PAD	\$114.25	\$112.14
L2280		ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT	80% OF BILLED	\$340.86
L2300		ADDITION TO LOWER EXTREMITY ABDUCTION BAR (BILATERAL HIP	80% OF BILLED	\$202.67
L2310		ADDITION TO LOWER EXTREMITY ABDUCTION BAR-STRAIGHT	80% OF BILLED	\$100.50
L2320		ADDITION TO LOWER EXTREMITY NON-MOLDED LACER	80% OF BILLED	\$197.65
L2330		ADDITION TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL	80% OF BILLED	\$325.79
L2335		ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND	80% OF BILLED	\$179.44
L2340		ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL	80% OF BILLED	\$336.43
L2350		ADDITION TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET	80% OF BILLED	\$783.42
L2360		ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK	80% OF BILLED	\$43.28
L2370		ADDITION TO LOWER EXTREMITY PATTEN BOTTOM	80% OF BILLED	\$193.24
L2375		ADDITION TO LOWER EXTREMITY TORSION CONTROL ANKLE JOINT A	80% OF BILLED	\$85.05
L2380		ADDITION TO LOWER EXTREMITY TORSION CONTROL STRAIGHT KNEE	80% OF BILLED	\$123.56
L2385		ADDITION TO LOWER EXTREMITY STRAIGHT KNEE JOINT HEAVY DUT	80% OF BILLED	\$134.43
L2390		ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT	80% OF BILLED	\$109.86
L2395		ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT HEAVY DUTY	80% OF BILLED	\$139.94
L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE	\$83.92	\$96.95
L2405		ADDITION TO KNEE JOINT DROP LOCK EACH JOINT	80% OF BILLED	\$70.95
L2415		ADDITION TO KNEE JOINT CAM LOCK (SWISS FRENCH BAIL TYPES)	80% OF BILLED	\$98.89
L2425		ADDITION TO KNEE JOINT DISC OR DIAL LOCK FOR ADJUSTABLE KNE	80% OF BILLED	\$116.67
L2430		ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT	80% OF BILLED	\$116.67
L2435		ADDITION TO KNEE JOINT POLYCENTRIC JOINT EACH JOINT	80% OF BILLED	\$124.58
L2492		ADDITION TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING	80% OF BILLED	\$96.12
L2500		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING GLUTEAL/	80% OF BILLED	\$237.47
L2510		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-	80% OF BILLED	\$546.79
L2520		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-	80% OF BILLED	\$371.14
L2525		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C	80% OF BILLED	\$1,031.72
L2526		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C	80% OF BILLED	\$667.85
L2530		ADDITION TO LOWER EXTREMITY THIGH-WEIGHT BEARING LACER	80% OF BILLED	\$235.82
L2540		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING LACER	80% OF BILLED	\$361.23
L2550		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING HIGH	80% OF BILLED	\$288.26

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L2570		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT CLEV	80% OF BILLED	\$358.55
L2580		ADDITION TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING	80% OF BILLED	\$456.95
L2600		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT	80% OF BILLED	\$167.87
L2610		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT	80% OF BILLED	\$191.37
L2620		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT	80% OF BILLED	\$201.27
L2622		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU	80% OF BILLED	\$230.84
L2624		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU	80% OF BILLED	\$249.27
L2627		ADDITION TO LOWER EXTREMITY PELVIC CONTROL PLASTIC MOLDED	80% OF BILLED	\$1,720.59
L2628		ADDITION TO LOWER EXTREMITY PELVIC CONTROL METAL FRAME RE	80% OF BILLED	\$1,681.54
L2630		ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT	80% OF BILLED	\$248.53
L2640		ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT	80% OF BILLED	\$252.97
L2650		ADDITION TO LOWER EXTREMITY PELVIC AND THORACIC CONTROL	80% OF BILLED	\$90.34
L2660		ADDITION TO LOWER EXTREMITY THORACIC CONTROL THORACIC BAND	80% OF BILLED	\$187.06
L2670		ADDITION TO LOWER EXTREMITY THORACIC CONTROL	80% OF BILLED	\$171.21
L2680		ADDITION TO LOWER EXTREMITY THORACIC CONTROL	80% OF BILLED	\$157.06
L2750		ADDITION TO LOWER EXTREMITY ORTHOSIS PLATING CHROME OR	80% OF BILLED	\$62.92
L2755		ADDITION TO LOWER EXTREM. ORTHOSIS CARBON GRAPHITE LAMINATI	\$98.44	\$106.33
L2760		ADDITION TO LOWER EXTREMITY ORTHOSIS EXTENSION PER	80% OF BILLED	\$60.98
L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	\$104.89	\$106.04
L2770		ADDITION TO LOWER EXTREMITY ORTHOSIS ANY MATERIAL - PER BAR	80% OF BILLED	\$61.97
L2780		ADDITION TO LOWER EXTREMITY ORTHOSIS NON-CORROSIVE FINISH	80% OF BILLED	\$50.94
L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS DROP LOCK RETAINER EA	80% OF BILLED	\$23.86
L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL FULL KNE	80% OF BILLED	\$63.96
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL KNEE CAP	80% OF BILLED	\$88.06
L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL CONDYLAR	80% OF BILLED	\$58.79
L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL	80% OF BILLED	\$87.16
L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL	80% OF BILLED	\$94.30
L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS TIBIAL LENGTH SOCK FR	80% OF BILLED	\$32.89
L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS FEMORAL LENGTH SOCK F	80% OF BILLED	\$59.85
L2999		LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	80% OF BILLED	75% OF BILLED
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT	80% OF BILLED	75% OF BILLED
L3140		FOOT ROTATION POSITIONING DEVICE INCLUDING SHOE(S)	80% OF BILLED	75% OF BILLED
L3150		FOOT ROTATION POSITIONING DEVICE WITHOUT SHOE(S)	80% OF BILLED	75% OF BILLED
L3224		ORTH FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART	80% OF BILLED	\$46.03
L3225		ORTH FOOTWEAR MAN'S SHOE OXFORD USED AS AN INTEGRAL PART	80% OF BILLED	\$61.42
L3650		SHOULDER ORTHOSIS (SO) FIGURE OF "8" DESIGN ABDUCTION RE-	80% OF BILLED	\$43.68
L3651		PREFAB SHOULDER ORTHOSIS	\$48.78	\$48.78
L3652		PREFAB DBL SHOULDER ORTHOSIS	\$146.99	\$146.99

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L3660		SO FIGURE OF "8" DESIGN ABDUCTION RESTRAINER CANVAS	80% OF BILLED	\$98.81
L3670		SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)	80% OF BILLED	\$83.30
L3675		SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE	\$123.99	\$129.98
L3677		SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED,	80% OF BILLED	75% OF BILLED
L3700		ELBOW ORTHOSES (EO) ELASTIC WITH STAYS	80% OF BILLED	\$51.42
L3701		PREFAB ELBOW ORTHOSIS	\$15.09	\$15.09
L3710		EO ELASTIC WITH METAL JOINTS	80% OF BILLED	\$91.06
L3720		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION	80% OF BILLED	\$481.80
L3730		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS EXTENSION/	80% OF BILLED	\$664.02
L3740		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS ADJUSTABLE	80% OF BILLED	\$787.25
L3760		ELBOW ORTHOSIS, W/ADJUST POSITION LOCKING JNT(S), PREFABRICATED.	\$353.32	\$370.42
L3762		RIGID EO WO JOINTS	\$79.64	\$79.64
L3800		WRIST-HAND-FINGER-ORTHOSES (WHFO) SHORT OPPONENS NO	80% OF BILLED	\$196.39
L3805		WHFO LONG OPPONENS NO ATTACHMENT	80% OF BILLED	\$278.39
L3807		WHFO EXTENSION ASSIST WITH INFLATABLE PALMAR AIR SUPPORT	80% OF BILLED	\$185.19
L3810		WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB ABDUCTION	80% OF BILLED	\$63.65
L3815		WHFO ADDITION TO SHORT AND LONG OPPONENS SECOND M.P.	80% OF BILLED	\$59.09
L3820		WHFO ADDITION TO SHORT AND LONG OPPONENS I.P. EXTENSION	80% OF BILLED	\$101.49
L3825		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION	80% OF BILLED	\$63.65
L3830		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION	80% OF BILLED	\$76.33
L3835		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. SPRING	80% OF BILLED	\$75.73
L3840		WHFO ADDITION TO SHORT AND LONG OPPONENS SPRING SWIVEL	80% OF BILLED	\$57.12
L3845		WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB I.P.	80% OF BILLED	\$79.03
L3850		WHFO ADDITION TO SHORT AND LONG OPPONENS ACTION WRIST WI	80% OF BILLED	\$98.47
L3855		WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.	80% OF BILLED	\$108.45
L3860		WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.	80% OF BILLED	\$139.17
L3900		WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/	80% OF BILLED	\$953.14
L3901		WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/	80% OF BILLED	\$1,516.68
L3902		WHFO EXTERNAL POWERED COMPRESSED GAS	80% OF BILLED	\$2,358.41
L3904		WHFO EXTERNAL POWERED ELECTRIC	80% OF BILLED	\$2,876.16
L3906		WHFO WRIST GAUNTLET MOLDED TO PATIENT MODEL	80% OF BILLED	\$301.25
L3907		WHFO WRIST GAUNTLED WITH THUMB SPICA MOLDED TO PATIENT MOD	80% OF BILLED	\$374.18
L3908		WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED	80% OF BILLED	\$44.14
L3909		PREFAB WRIST ORTHOSIS	\$10.48	\$10.48
L3910		WHFO SWANSON DESIGN	80% OF BILLED	\$326.31
L3911		PREFAB HAND FINGER ORTHOSIS	80% OF BILLED	75% OF BILLED
L3912		WHFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL	80% OF BILLED	\$69.86
L3914		WHFO WRIST EXTENSION COCK-UP	80% OF BILLED	\$63.14

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L3916		WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER	80% OF BILLED	\$93.55
L3918		WHFO KNUCKLE BENDER	80% OF BILLED	\$57.73
L3920		WHFO KNUCKLE BENDER WITH OUTRIGGER	80% OF BILLED	\$72.14
L3922		WHFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS	80% OF BILLED	\$72.03
L3923		HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED.	\$27.49	\$28.82
L3924		WHFO OPPENHEIMER	80% OF BILLED	\$78.54
L3926		WHFO THOMAS SUSPENSION	80% OF BILLED	\$68.38
L3928		WHFO FINGER EXTENSION WITH CLOCK SPRING	80% OF BILLED	\$42.87
L3930		WHFO FINGER EXTENSION WITH WRIST SUPPORT	80% OF BILLED	\$45.32
L3932		WHFO SAFETY PIN SPRING WIRE	80% OF BILLED	\$34.62
L3934		WHFO SAFETY PIN MODIFIED	80% OF BILLED	\$35.49
L3936		WHFO PALMER	80% OF BILLED	\$65.61
L3938		WHFO DORSAL WRIST	80% OF BILLED	\$68.71
L3940		WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT	80% OF BILLED	\$79.19
L3942		WHFO REVERSE KNUCKLE BENDER	80% OF BILLED	\$58.72
L3944		WHFO REVERSE KNUCKLE BENDER WITH OUTRIGGER	80% OF BILLED	\$72.34
L3946		WHFO COMPOSITE ELASTIC	80% OF BILLED	\$65.28
L3948		WHFO FINGER KNUCKLE BENDER	80% OF BILLED	\$40.59
L3950		WHFO COMBINATION OPPENHEIMER WITH KNUCKLE BENDER AND TWO	80% OF BILLED	\$110.46
L3952		WHFO COMBINATION OPPENHEIMER WITH REVERSE KNUCKLE AND TWO	80% OF BILLED	\$122.60
L3954		WHFO SPREADING HAND	80% OF BILLED	\$81.35
L3960		SHOULDER-ELBOW-WRIST-HAND ORTHOSIS (SEWHO) ABDUCTION	80% OF BILLED	\$541.35
L3962		SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN	80% OF BILLED	\$528.51
L3963		SEWHO MOLDED SHOULDER ARM FOREARM AND WRIST WITH ARTICU	80% OF BILLED	\$1,228.90
L3964		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR	80% OF BILLED	\$607.22
L3965		SEWHO-RADIAL ARM SUPPORT. ATTACHED TO WHEELCHAIR	80% OF BILLED	\$991.11
L3966		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR	80% OF BILLED	\$676.28
L3968		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR	80% OF BILLED	\$845.74
L3969		SEWHO MOBILE ARM SUPPORT MONOSUSPENSION ARM AND HAND SUPPO	80% OF BILLED	\$660.74
L3970		SEWHO ADDITION TO MOBILE ARM SUPPORT ELEVATING PROXIMAL AR	80% OF BILLED	\$224.66
L3972		SEWHO ADDITION TO MOBILE ARM SUPPORT OFFSET OR LATERAL	80% OF BILLED	\$142.86
L3974		SEWHO ADDITION TO MOBILE ARM SUPPORT SUPINATOR	80% OF BILLED	\$121.17
L3980		UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL	80% OF BILLED	\$227.72
L3982		UPPER EXTREMITY FRACTURE ORTHOSIS RADIUS/ULNAR	80% OF BILLED	\$281.56
L3984		UPPER EXTREMITY FRACTURE ORTHOSIS WRIST	80% OF BILLED	\$291.33
L3985		UPPER EXTREMITY FRACTURE ORTHOSIS FOREARM HAND WITH WRIST	80% OF BILLED	\$430.53
L3986		UPPER EXTREMITY FRACTURE ORTHOSIS COMBINATION OF	80% OF BILLED	\$412.88
L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS SOCK FRACTURE OR EQUA	80% OF BILLED	\$24.09

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L3999		UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	80% OF BILLED	\$1,088.52
L4000		REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	80% OF BILLED	\$547.63
L4010		REPLACE TRILATERAL SOCKET BRIM	80% OF BILLED	\$648.37
L4020		REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL	80% OF BILLED	\$380.05
L4030		REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	80% OF BILLED	75% OF BILLED
L4040		REPLACE MOLDED THIGH LACER	80% OF BILLED	\$320.76
L4045		REPLACE NON-MOLDED THIGH LACER	80% OF BILLED	\$297.21
L4050		REPLACE MOLDED CALF LACER	80% OF BILLED	\$310.77
L4055		REPLACE NON-MOLDED CALF LACER	80% OF BILLED	\$201.23
L4060		REPLACE HIGH ROLL CUFF	80% OF BILLED	\$318.97
L4070		REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	80% OF BILLED	\$211.85
L4080		REPLACE METAL BANDS KAFO PROXIMAL THIGH	80% OF BILLED	\$76.14
L4090		REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH	80% OF BILLED	\$67.98
L4100		REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	80% OF BILLED	\$78.51
L4110		REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH	80% OF BILLED	\$64.68
L4205		REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES	80% OF BILLED	\$10.00
L4210		REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS	\$56.11	\$56.11
L4350		PNEUMATIC ANKLE CONTROL SPLINT (E.G. AIRCAST)	\$30.48	\$67.29
L4360		PNEUMATIC WALKING SPLINT (E.G. AIRCAST)	80% OF BILLED	\$224.92
L4370		PNEUMATIC FULL LEG SPLINT (E.G. AIRCAST)	80% OF BILLED	\$155.89
L4380		PNEUMATIC KNEE SPLINT (E.G. AIRCAST)	80% OF BILLED	\$80.85
L4386		NON-PNEUMATIC WALKING SPLINT	\$129.03	\$129.03
L4392		REPLACE SOFT INTERFACE MATERIAL ANKLE CONTRACTURE SPLINT	\$17.58	\$18.80
L4394		REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT	\$12.84	\$13.73
L4396		ANKLE CONTRACTURE SPLINT	\$125.41	\$134.12
L4398		FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE	\$57.74	\$61.75
L5000		PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER	80% OF BILLED	\$405.20
L5010		PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER	80% OF BILLED	\$1,071.10
L5020		PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HEIGHT WITH TO	80% OF BILLED	\$1,879.29
L5050		ANKLE SYMES MOLDED SOCKET SACH FOOT	80% OF BILLED	\$1,996.60
L5060		ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET	80% OF BILLED	\$2,706.20
L5100		BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	80% OF BILLED	\$1,863.90
L5105		BELOW KNEE PLASTIC SOCKET JOINTS AND THIGH LACER SACH FOO	80% OF BILLED	\$3,056.24
L5150		KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET EXTER	80% OF BILLED	\$3,119.35
L5160		KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET BENT	80% OF BILLED	\$3,435.23
L5200		ABOVE KNEE MOLDED SOCKET SINGLE AXIS CONSTANT FRICTION	80% OF BILLED	\$2,649.28
L5210		ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI	80% OF BILLED	\$2,097.58
L5220		ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI	80% OF BILLED	\$2,416.93

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L5230		ABOVE KNEE FOR PROXIMAL FEMORAL FOCAL DEFICIENCY CONSTANT	80% OF BILLED	\$4,067.77
L5250		HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET HIP JOINT	80% OF BILLED	\$5,226.73
L5270		HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCKET LOCKING	80% OF BILLED	\$4,767.76
L5280		HEMIPELVECTOMY CANADIAN TYPE; MOLDED SOCKET HIP JOINT SIN	80% OF BILLED	\$5,415.77
L5301		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	\$1,836.32	\$1,856.52
L5311		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE	\$2,893.01	\$2,924.83
L5321		ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM,	\$2,607.16	\$2,635.83
L5331		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP	\$4,444.00	\$4,492.88
L5341		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP	\$4,811.92	\$4,864.85
L5400		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF	80% OF BILLED	\$984.22
L5410		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF	80% OF BILLED	\$335.08
L5420		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF	80% OF BILLED	\$1,370.96
L5430		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI	80% OF BILLED	\$403.56
L5450		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON	80% OF BILLED	\$392.92
L5460		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON	80% OF BILLED	\$460.20
L5500		INITIAL BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON	80% OF BILLED	\$1,356.84
L5505		INITIAL ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SO	80% OF BILLED	\$1,579.40
L5510		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET	80% OF BILLED	\$1,351.90
L5520		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL	80% OF BILLED	\$1,153.27
L5530		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET	80% OF BILLED	\$1,517.73
L5535		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET USMC OR EQUAL PYL	80% OF BILLED	\$1,359.98
L5540		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET	80% OF BILLED	\$1,629.06
L5560		PREPARATORY ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL	80% OF BILLED	\$1,904.51
L5570		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL	80% OF BILLED	\$2,061.03
L5580		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL	80% OF BILLED	\$2,315.01
L5585		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL	80% OF BILLED	\$2,321.09
L5590		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL	80% OF BILLED	\$2,462.14
L5595		PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C	80% OF BILLED	\$3,229.13
L5600		PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C	80% OF BILLED	\$3,565.92
L5610		ADDITION TO LOWER EXTREMITY ABOVE KNEE HYDRACADENCE SYSTEM	80% OF BILLED	\$2,150.23
L5611		ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION	80% OF BILLED	\$1,722.82
L5613		ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION	80% OF BILLED	\$2,463.90
L5614		ADDITIONS TO LOWER EXTREMITY ABOVE KNEE LAWRENCE POLYCENTR	\$3,028.67	\$1,376.08
L5616		ADDITION TO LOWER EXTREMITY ABOVE KNEE UNIVERSAL MULTIPLEX	80% OF BILLED	\$1,430.19
L5617		ADDITIONS TO LOWER EXTREMITY QUICK CHANGE SELF ALIGNING UNI	\$405.56	\$454.84
L5618		ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES	80% OF BILLED	\$225.54
L5620		ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE	80% OF BILLED	\$222.96
L5622		ADDITION TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATI	80% OF BILLED	\$290.73

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L5624		ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE	80% OF BILLED	\$292.46
L5626		ADDITION TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATIO	80% OF BILLED	\$382.37
L5628		ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY	80% OF BILLED	\$387.21
L5629		ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET	80% OF BILLED	\$254.87
L5630		ADDITION TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL	80% OF BILLED	\$393.05
L5631		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULAT	80% OF BILLED	\$352.37
L5632		ADDITION TO LOWER EXTREMITY SYMES TYPE "PTB" BRIM DESIGN	80% OF BILLED	\$218.92
L5634		ADDITION TO LOWER EXTREMITY SYMES TYPE POSTERIOR OPENING	80% OF BILLED	\$325.26
L5636		ADDITION TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING	80% OF BILLED	\$272.46
L5637		ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT	80% OF BILLED	\$231.68
L5638		ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET	80% OF BILLED	\$520.39
L5639		ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET	80% OF BILLED	\$1,198.87
L5640		ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION LEATHER	80% OF BILLED	\$683.74
L5642		ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET	80% OF BILLED	\$662.50
L5643		ADDITION TO LOWER EXTREMITY HIP DISARTICULATION FLEXIBLE	80% OF BILLED	\$1,664.29
L5644		ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET	80% OF BILLED	\$631.57
L5645		ADDITION TO LOWER EXTREMITY BELOW KNEE FLEXIBLE INNER SOC	80% OF BILLED	\$853.18
L5646		ADDITION TO LOWER EXTREMITY BELOW KNEE AIR CUSHION SOCKET	80% OF BILLED	\$569.14
L5647		ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET	80% OF BILLED	\$778.90
L5648		ADDITION TO LOWER EXTREMITY ABOVE KNEE AIR CUSHION SOCKET	80% OF BILLED	\$703.99
L5649		ADDITION TO LOWER EXTREMITY ISCHIAL CONTAINMENT/NARROW M-L	80% OF BILLED	\$1,700.16
L5650		ADDITIONS TO LOWER EXTREMITY TOTAL CONTACT ABOVE KNEE OR	80% OF BILLED	\$522.01
L5651		ADDITION TO LOWER EXTREMITY ABOVE KNEE FLEXIBLE INNER SOC	80% OF BILLED	\$1,284.13
L5652		ADDITION TO LOWER EXTREMITY SUCTION SUSPENSION ABOVE KNEE	80% OF BILLED	\$466.19
L5653		ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION EXPANDAB	80% OF BILLED	\$622.32
L5654		ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES (KEMBLO	80% OF BILLED	\$267.39
L5655		ADDITION TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE	80% OF BILLED	\$212.72
L5656		ADDITION TO LOWER EXTREMITY SOCKET INSERT KNEE DISARTICUL	80% OF BILLED	\$306.99
L5658		ADDITION TO LOWER EXTREMITY SOCKET INSERT ABOVE KNEE	80% OF BILLED	\$334.24
L5661		ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER	80% OF BILLED	\$488.03
L5665		ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER	80% OF BILLED	\$410.63
L5666		ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION	80% OF BILLED	\$56.14
L5668		ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL	80% OF BILLED	\$80.98
L5670		ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED SUPRACONDYL	80% OF BILLED	\$290.15
L5671		ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	\$526.09	\$531.87
L5672		ADDITION TO LOWER EXTREMITY BELOW KNEE REMOVABLE MEDIAL	80% OF BILLED	\$318.85
L5674		ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE	80% OF BILLED	\$54.50
L5675		ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE SUSPE	80% OF BILLED	\$69.93

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L5676		ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS SINGL	80% OF BILLED	\$359.41
L5677		ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS POLYC	80% OF BILLED	\$395.42
L5678		ADDITIONS TO LOWER EXTREMITY BELOW KNEE JOINT COVERS PAIR	80% OF BILLED	\$41.45
L5680		ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER NON-	80% OF BILLED	\$298.01
L5682		ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER	80% OF BILLED	\$501.55
L5684		ADDITION TO LOWER EXTREMITY BELOW KNEE FORK STRAP	80% OF BILLED	\$39.35
L5686		ADDITION TO LOWER EXTREMITY BELOW KNEE BACK CHECK	80% OF BILLED	\$48.40
L5688		ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT WEBBIN	80% OF BILLED	\$48.99
L5690		ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT PADDED	80% OF BILLED	\$78.47
L5692		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL	80% OF BILLED	\$110.27
L5694		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL	80% OF BILLED	\$162.20
L5695		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL SLE	80% OF BILLED	\$159.00
L5696		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA	80% OF BILLED	\$148.38
L5697		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA	80% OF BILLED	\$70.14
L5698		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA	80% OF BILLED	\$83.65
L5699		ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS	80% OF BILLED	\$149.53
L5700		REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL	\$1,970.00	\$2,275.69
L5701		REPLACEMENT SOCKET ABOVE KNEE/KNEE DISART INC ATT PLATE	\$2,629.37	\$3,037.37
L5702		REPL SOCKET HIP DISART INC HIP JOINT MOLDED TO PATIENT MODEL	\$3,624.05	\$4,186.39
L5704		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE	\$411.10	\$474.89
L5705		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE	\$698.03	\$806.34
L5706		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTICULA	\$688.74	\$795.61
L5707		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	\$950.26	\$1,097.71
L5710		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL	80% OF BILLED	\$340.35
L5711		ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL	80% OF BILLED	\$418.76
L5712		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI	80% OF BILLED	\$345.57
L5714		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS VARIAB	80% OF BILLED	\$407.04
L5716		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN	80% OF BILLED	\$779.34
L5718		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICT	80% OF BILLED	\$974.09
L5722		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA	80% OF BILLED	\$805.52
L5724		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID	80% OF BILLED	\$1,265.21
L5726		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS EXTERN	80% OF BILLED	\$1,395.08
L5728		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID	80% OF BILLED	\$2,297.07
L5780		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA	80% OF BILLED	\$921.72
L5781		LOWER LIMB PROS VACUUM PUMP	80% OF BILLED	\$3,262.85
L5782		HD LOW LIMB PROS VACUUM PUMP	80% OF BILLED	75% OF BILLED
L5785		ADDITION EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERI	80% OF BILLED	\$416.66
L5790		ADDITION EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERI	80% OF BILLED	\$576.63

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L5795		ADDITION EXOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIG	80% OF BILLED	\$861.07
L5810		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL	80% OF BILLED	\$433.49
L5811		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL	80% OF BILLED	\$757.59
L5812		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI	80% OF BILLED	\$557.68
L5814		KNEE-SHIN SYST SINGLE AXIS VARIABLE FRICTION SWING CONTROL	80% OF BILLED	\$3,028.56
L5816		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN	80% OF BILLED	\$909.37
L5818		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICTI	80% OF BILLED	\$1,026.87
L5822		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA	80% OF BILLED	\$1,510.47
L5824		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID	80% OF BILLED	\$1,639.82
L5826		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS HYDRAU	80% OF BILLED	\$2,546.65
L5828		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID	80% OF BILLED	\$2,546.67
L5830		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA	80% OF BILLED	\$1,521.76
L5840		ADD ENDOSKEL KNEE/SKIN SYSTEM 4-BAR OR MULTIAXIAL PNEUM	\$1,964.19	\$3,129.72
L5845		ADD ENDOSKEL KNEE SHIN SYSTEM STANCE FLEXION FEATURE ADJUST	\$2,722.22	\$1,461.62
L5846		ADD ENDOSKEL KNEE SHIN SYSTEM MICROPROCESSOR SWING PHASE	\$3,929.12	\$4,406.63
L5847		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE,	\$12,492.33	\$12,629.75
L5848		KNEE-SHIN SYS HYDRAUL STANCE	\$876.88	\$876.88
L5850		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICUL	80% OF BILLED	\$136.79
L5855		ADD ENDOSKEL SYS HIP DISART MECHANICAL HIP EXT ASSIST	\$284.23	\$328.34
L5910		ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM	80% OF BILLED	\$387.27
L5920		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICULA	80% OF BILLED	\$563.46
L5925		ADD ENDOSKEL SYS ABOVE KNEE KNEE DISART OR HIP DISART MANUAL	\$311.03	\$359.29
L5930		ADD ENDOSKEL SYS HIGH ACTIVITY KNEE CONTROL FRAME	\$2,439.75	\$2,736.23
L5940		ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATE	80% OF BILLED	\$536.37
L5950		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATE	80% OF BILLED	\$648.28
L5960		ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-L	80% OF BILLED	\$773.13
L5962		ADD ENDOSK SYS BELOW KNEE FLEXIBLE PROT OUTER SURFACE COVER	\$519.87	\$600.53
L5964		ADD ENDOSK SYS ABOVE KNEE FLEXIBLE PROT OUTER SURFACE COV	\$734.56	\$848.66
L5966		ADD ENDOSK SYS HIP DISART FLEXIBLE PROTECTIVE OUTER SURFACE	\$934.23	\$1,079.19
L5968		ALL LOWER EXTREM PROSTHESIS ANKLE MULTIAXIAL SHOCK ABSORBI	\$2,826.53	\$2,963.35
L5970		ALL LOWER EXTREMITY PROSTHESES FOOT EXTERNAL KEEL SACH FO	80% OF BILLED	\$182.09
L5972		ALL LOWER EXTREMITY PROSTHESES FLEXIBLE KEEL FOOT (SAFE ST	80% OF BILLED	\$353.08
L5974		ALL LOWER EXTREMITY PROSTHESES FOOT SINGLE AXIS ANKLE/FOOT	80% OF BILLED	\$189.49
L5975		ALL LOWER EXTREM PROSTHESIS COMBO SNGL AXIS ANKLE/FLEX KEEL	\$360.61	\$378.06
L5976		ALL LOWER EXTREMITY PROSTHESES ENERGY STORING FOOT (SEATTLE	80% OF BILLED	\$484.92
L5978		ALL LOWER EXTREMITY PROSTHESES FOOT MULTIAXIAL ANKLE/FOOT	80% OF BILLED	\$234.04
L5979		ALL LOWER EXT PROSTHESES MULTI AXIAL ANKLE/FOOT DYNAMIC RES	\$1,917.52	\$2,215.06
L5980		ALL LOWER EXTREMITY PROSTHESES FLEX FOOT SYSTEM	80% OF BILLED	\$3,964.62

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L5981		ALL LOWER EXTREMIT PROSTHESES FLEXIBLE WALK SYSTEM OR EQUAL	\$2,242.78	\$2,590.78
L5982		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION U	80% OF BILLED	\$618.17
L5984		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION	80% OF BILLED	\$483.74
L5985		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES DYNAMIC PROSTHE	\$204.67	\$229.55
L5986		ALL LOWER EXTREMITY PROSTHESES MULTI-AXIAL ROTATION UNIT ("	80% OF BILLED	\$677.59
L5988		ALL LOWER EXTREM PROSTHESIS COMBO VERTICAL SHOCK/MULTIAXIAL	\$1,553.82	\$1,629.03
L5989		ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL SYSTEM, PYLON WITH	\$2,498.46	\$2,525.94
L5990		ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	\$1,463.33	\$1,479.43
L5995		LOWER EXT PROS HEAVYDUTY FEA	80% OF BILLED	75% OF BILLED
L5999		LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED	80% OF BILLED	75% OF BILLED
L6000		PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)	80% OF BILLED	\$1,065.57
L6010		PARTIAL HAND ROBIN-AIDS LITTLE AND/OR RING FINGER REMAININ	80% OF BILLED	\$1,262.47
L6020		PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)	80% OF BILLED	\$1,123.90
L6025		PART HAND DISART MYOELECTRIC	\$6,525.70	\$6,525.70
L6050		WRIST DISARTICULATION MOLDED SOCKET FLEXIBLE ELBOW HINGES	80% OF BILLED	\$1,639.44
L6055		WRIST DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA	80% OF BILLED	\$2,269.76
L6100		BELOW ELBOW MOLDED SOCKET FLEXIBLE ELBOW HINGE TRICEPS	80% OF BILLED	\$1,622.72
L6110		BELOW ELBOW MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUS-	80% OF BILLED	\$1,674.72
L6120		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES	80% OF BILLED	\$2,102.67
L6130		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STUMP ACTIVATE	80% OF BILLED	\$2,268.54
L6200		ELBOW DISARTICULATION MOLDED SOCKET OUTSIDE LOCKING HINGE	80% OF BILLED	\$2,445.40
L6205		ELBOW DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA	80% OF BILLED	\$2,995.04
L6250		ABOVE ELBOW MOLDED DOUBLE WALL SOCKET INTERNAL LOCKING ELB	80% OF BILLED	\$2,177.27
L6300		SHOULDER DISARTICULATION MOLDED SOCKET SHOULDER BULKHEAD	80% OF BILLED	\$3,192.55
L6310		SHOULDER DISARTICULATION PASSIVE RESTORATION (COMPLETE PROS	80% OF BILLED	\$2,433.65
L6320		SHOULDER DISARTICULATION PASSIVE RESTORATION (SHOULDER CAP	80% OF BILLED	\$1,461.09
L6350		INTERSCAPULAR THORACIC MOLDED SOCKET SHOULDER BULKHEAD	80% OF BILLED	\$3,668.26
L6360		INTERSCAPULAR THORACIC PASSIVE RESTORATION (COMPLETE PROS-	80% OF BILLED	\$2,554.41
L6370		INTERSCAPULAR THORACIC PASSIVE RESTORATION (SHOULDER CAP ON	80% OF BILLED	\$1,628.86
L6380		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI	80% OF BILLED	\$933.85
L6382		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI	80% OF BILLED	\$1,269.27
L6384		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI	80% OF BILLED	\$1,760.10
L6386		IMMEDIATE POST SURGICAL OR EARLY FITTING EACH ADDITIONAL CA	80% OF BILLED	\$322.06
L6388		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF RIG	80% OF BILLED	\$405.46
L6400		BELOW ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING	80% OF BILLED	\$2,481.18
L6450		ELBOW DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM	80% OF BILLED	\$3,296.72
L6500		ABOVE ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING	80% OF BILLED	\$3,241.94
L6550		SHOULDER DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM	80% OF BILLED	\$4,055.02

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L6570		INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM	80% OF BILLED	\$4,219.19
L6580		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA	80% OF BILLED	\$1,508.58
L6582		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA	80% OF BILLED	\$1,471.67
L6584		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA	80% OF BILLED	\$1,641.47
L6586		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA	80% OF BILLED	\$1,707.87
L6588		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA	80% OF BILLED	\$2,266.78
L6590		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA	80% OF BILLED	\$2,273.45
L6600		UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR	80% OF BILLED	\$150.43
L6605		UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR	80% OF BILLED	\$148.53
L6610		UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR	80% OF BILLED	\$135.93
L6615		UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT	80% OF BILLED	\$156.57
L6616		UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L	80% OF BILLED	\$52.02
L6620		UPPER EXTREMITY ADDITIONS FLEXION-FRICTION WRIST UNIT	80% OF BILLED	\$272.84
L6623		UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST	80% OF BILLED	\$514.43
L6625		UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE	80% OF BILLED	\$426.53
L6628		UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT	80% OF BILLED	\$512.24
L6629		UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA	80% OF BILLED	\$147.01
L6630		UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST	80% OF BILLED	\$172.84
L6632		UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH	80% OF BILLED	\$69.47
L6635		UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW	80% OF BILLED	\$166.13
L6637		UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK	80% OF BILLED	\$294.47
L6638		ELEC LOCK ON MANUAL PW ELBOW	\$2,039.28	\$2,039.28
L6640		UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR	80% OF BILLED	\$235.23
L6641		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE	80% OF BILLED	\$129.47
L6642		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE	80% OF BILLED	\$174.38
L6645		UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION	80% OF BILLED	\$256.01
L6646		MULTIPO LOCKING SHOULDER JNT	\$2,571.99	\$2,571.99
L6647		SHOULDER LOCK ACTUATOR	\$423.47	\$423.47
L6648		EXT PWRD SHLDER LOCK/UNLOCK	\$2,652.65	\$2,652.65
L6650		UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH	80% OF BILLED	\$271.46
L6655		UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA	80% OF BILLED	\$60.24
L6660		UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE	80% OF BILLED	\$75.40
L6665		UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING	80% OF BILLED	\$36.94
L6670		UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER	80% OF BILLED	\$38.46
L6672		UPPER EXTREMITY ADDITIONS HARNESS CHEST OR	80% OF BILLED	\$162.18
L6675		UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8")	80% OF BILLED	\$96.31
L6676		UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8") EIGHT	80% OF BILLED	\$113.54
L6680		UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-	80% OF BILLED	\$197.07

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L6682		UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT-	80% OF BILLED	\$214.81
L6684		UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-	80% OF BILLED	\$305.36
L6686		UPPER EXTREMITY ADDITION SUCTION SOCKET	80% OF BILLED	\$473.45
L6687		UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW	80% OF BILLED	\$616.78
L6688		UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW	80% OF BILLED	\$424.84
L6689		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR	80% OF BILLED	\$720.49
L6690		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-	80% OF BILLED	\$551.44
L6691		UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH	80% OF BILLED	\$276.83
L6692		UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH	80% OF BILLED	\$561.14
L6693		UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE	\$2,208.22	\$2,315.12
L6700		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #3	80% OF BILLED	\$554.68
L6705		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5	80% OF BILLED	\$291.43
L6710		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5X	80% OF BILLED	\$350.50
L6715		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5XA	80% OF BILLED	\$366.58
L6720		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #6	80% OF BILLED	\$912.22
L6725		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7	80% OF BILLED	\$427.46
L6730		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7LO	80% OF BILLED	\$574.33
L6735		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8	80% OF BILLED	\$311.37
L6740		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8X	80% OF BILLED	\$415.40
L6745		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #88X	80% OF BILLED	\$380.08
L6750		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10P	80% OF BILLED	\$366.32
L6755		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10X	80% OF BILLED	\$354.01
L6765		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #12P	80% OF BILLED	\$345.15
L6770		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #99X	80% OF BILLED	\$357.91
L6775		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #555	80% OF BILLED	\$402.07
L6780		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #SS555	80% OF BILLED	\$417.92
L6790		TERMINAL DEVICES HOOKS-ACCU HOOK OR EQUAL	80% OF BILLED	\$374.91
L6795		TERMINAL DEVICES HOOKS-2 LOAD OR EQUAL	80% OF BILLED	\$1,019.66
L6800		TERMINAL DEVICES HOOKS-APRL VC OR EQUAL	80% OF BILLED	\$1,001.53
L6805		TERMINAL DEVICE MODIFIER WRIST FLEXION UNIT	80% OF BILLED	\$285.58
L6806		TERMINAL DEVICE HOOK TRS GRIP VC	80% OF BILLED	\$1,318.88
L6807		TERMINAL DEVICE HOOK TRS ADEPT CHILD VC	80% OF BILLED	\$1,056.79
L6808		TERMINAL DEVICE HOOK TRS ADEPT INFANT VC	80% OF BILLED	\$1,007.25
L6809		TERMINAL DEVICE HOOK TRS SUPER SPORT PASSIVE	80% OF BILLED	\$390.46
L6810		TERMINAL DEVICE PINCHER TOOL OTTO BOCK OR EQUAL	80% OF BILLED	\$176.56
L6825		TERMINAL DEVICES HANDS DORRANCE VO	80% OF BILLED	\$933.55
L6830		TERMINAL DEVICES HANDS APRL VC	80% OF BILLED	\$1,448.02
L6835		TERMINAL DEVICES HANDS SIERRA VO	80% OF BILLED	\$1,247.64

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L6840		TERMINAL DEVICES HANDS BECKER IMPERIAL	80% OF BILLED	\$824.00
L6845		TERMINAL DEVICES HANDS BECKER LOCK GRIP	80% OF BILLED	\$686.67
L6850		TERMINAL DEVICES HANDS BECKER PLYLITE	80% OF BILLED	\$625.02
L6855		TERMINAL DEVICES HANDS ROBIN-AIDS VO	80% OF BILLED	\$837.37
L6860		TERMINAL DEVICES HANDS ROBIN-AIDS VO SOFT	80% OF BILLED	\$710.68
L6865		TERMINAL DEVICES HANDS PASSIVE HAND	80% OF BILLED	\$297.02
L6867		TERMINAL DEVICE HAND DETROIT INFANT HAND (MECHANICAL)	80% OF BILLED	\$770.47
L6868		TERMINAL DEVICE HAND PASSIVE INFANT HAND (STEEPER HOSME	80% OF BILLED	\$192.27
L6870		TERMINAL DEVICES HANDS CHILD MITT	80% OF BILLED	\$231.91
L6872		TERMINAL DEVICE HAND NYU CHILD HAND	80% OF BILLED	\$935.77
L6873		TERMINAL DEVICE HAND MECHANICAL INFANT HAND STEEPER OR	80% OF BILLED	\$375.16
L6875		TERMINAL DEVICES HANDS BOCK VC	80% OF BILLED	\$623.33
L6880		TERMINAL DEVICES HANDS BOCK VO	80% OF BILLED	\$470.38
L6881		AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	\$3,297.56	\$3,333.83
L6882		MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC	\$2,501.39	\$2,528.91
L6890		TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOVE	80% OF BILLED	\$145.74
L6895		TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE	80% OF BILLED	\$457.71
L6900		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)	80% OF BILLED	\$1,211.34
L6905		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)	80% OF BILLED	\$1,177.46
L6910		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)	80% OF BILLED	\$1,147.08
L6915		HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)	80% OF BILLED	\$502.05
L6920		WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER	80% OF BILLED	\$6,505.91
L6925		WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER	80% OF BILLED	\$7,016.86
L6930		BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE	80% OF BILLED	\$6,835.73
L6935		BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE	80% OF BILLED	\$7,338.99
L6940		ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET	80% OF BILLED	\$9,381.67
L6945		ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET	80% OF BILLED	\$10,914.48
L6950		ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE	80% OF BILLED	\$10,663.59
L6955		ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE	80% OF BILLED	\$12,771.10
L6960		SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE	80% OF BILLED	\$12,880.62
L6965		SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE	80% OF BILLED	\$13,955.45
L6970		INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET	80% OF BILLED	\$14,127.73
L6975		INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET	80% OF BILLED	\$15,136.45
L7010		ELECTRONIC HAND OTTO BOCK STEEPER OR EQUAL SWITCH CONTROL	80% OF BILLED	\$2,929.07
L7015		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL SW	80% OF BILLED	\$4,710.78
L7020		ELECTRONIC HAND GREIFER OTTO BOCK OR EQUAL SWITCH CONTROLL	80% OF BILLED	\$2,800.47
L7025		ELECTRONIC HAND OTTO BOCK OR EQUAL MYOELECTRONICALLY CONTR	80% OF BILLED	\$2,753.99
L7030		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL MY	80% OF BILLED	\$4,615.59

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L7035		ELECTRONIC GREIFER OTTO BOCK OR EQUAL MYOELECTRONICALLY CO	80% OF BILLED	\$2,894.50
L7040		PREHENSILE ACTUATOR HOSMER OR EQUAL SWITCH CONTROLLED	80% OF BILLED	\$2,260.89
L7045		ELECTRONIC HOOK CHILD MICHIGAN OR EQUAL SWITCH CONTROLLED	80% OF BILLED	\$1,296.25
L7170		ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED	80% OF BILLED	\$4,933.87
L7180		ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONTROLLE	80% OF BILLED	\$28,633.80
L7185		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL	80% OF BILLED	\$5,118.81
L7186		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO	80% OF BILLED	\$9,277.36
L7190		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC	80% OF BILLED	\$6,476.32
L7191		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR	80% OF BILLED	\$9,505.36
L7260		ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL	80% OF BILLED	\$1,840.51
L7261		ELECTRONIC WRIST ROTATOR FOR UTAH ARM	80% OF BILLED	\$3,486.77
L7266		SERVO CONTROL STEEPER OR EQUAL	80% OF BILLED	\$794.01
L7272		ANALOGUE CONTROL UNB OR EQUAL	80% OF BILLED	\$1,783.10
L7274		PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL	80% OF BILLED	\$5,321.21
L7360		SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH	80% OF BILLED	\$182.37
L7362		BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL	80% OF BILLED	\$267.90
L7364		TWELVE VOLT BATTERY UTAH OR EQUAL EACH	80% OF BILLED	\$319.57
L7366		BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL	80% OF BILLED	\$430.47
L7367		REPLACEMNT LITHIUM IONBATTER	\$317.49	\$317.49
L7368		3ITHIUM ION BATTERY CHARGER	\$411.57	\$411.57
L7499		UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED	80% OF BILLED	75% OF BILLED
L7500		REPAIR OF PROSTHETIC DEVICE HOURLY RATE	80% OF BILLED	75% OF BILLED
L7510		REPAIR PROSTHETIC DEVICE REPAIR OR REPLACE MINOR PARTS	80% OF BILLED	75% OF BILLED
L7520		REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES	80% OF BILLED	75% OF BILLED
L7900		VACUUM ERECTION SYSTEM	80% OF BILLED	\$437.68
L8000		BREAST PROSTHESIS MASTECTOMY BRA	80% OF BILLED	\$30.15
L8001		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS	\$101.17	\$102.28
L8002		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS	\$133.08	\$134.54
L8010		BREAST PROSTHESIS MASTECTOMY SLEEVE	80% OF BILLED	75% OF BILLED
L8015		EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC	\$44.13	\$48.88
L8020		BREAST PROSTHESIS MASTECTOMY FORM	80% OF BILLED	\$160.88
L8030		BREAST PROSTHESIS SILICONE OR EQUAL	80% OF BILLED	\$285.49
L8035		CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL	\$2,849.62	\$2,987.57
L8039		BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	80% OF BILLED	75% OF BILLED
L8040		NASAL PROSTHESIS	\$1,182.07	\$1,883.59
L8041		MIDFACIAL PROSTHESIS	\$1,424.85	\$2,270.44
L8042		ORBITAL PROSTHESIS	\$1,600.95	\$2,551.06
L8043		UPPER FACIAL PROSTHESIS	\$1,793.07	\$2,857.19

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L8044		HEMI-FACIAL PROSTHESIS	\$1,985.18	\$3,163.31
L8045		AURICULAR PROSTHESIS	\$1,259.51	\$1,980.69
L8046		PARTIAL FACIAL PROSTHESIS	\$1,280.76	\$2,040.85
L8047		NASAL SEPTAL PROSTHESIS	\$656.39	\$1,045.93
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS	80% OF BILLED	75% OF BILLED
L8049		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR, 15 MIN.	\$20.45	\$20.45
L8100		ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE MEDIUM	\$28.71	\$28.71
L8110		ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE HEAVY	\$28.71	\$28.71
L8120		ELASTIC STOCKING BELOW KNEE SURGICAL	\$28.71	\$28.71
L8130		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE MEDIUM	\$28.71	\$28.71
L8140		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE HEAVY	\$28.71	\$28.71
L8150		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE SURGICAL	\$28.71	\$28.71
L8160		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH MEDIUM	\$28.71	\$28.71
L8170		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY	\$28.71	\$28.71
L8180		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY	\$28.71	\$28.71
L8190		ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS MEDIUM	\$28.71	\$28.71
L8200		ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS SURGICAL	\$28.71	\$28.71
L8210		GRADIENT COMPRESSION STOCKING CUSTOM MADE	\$80.28	75% OF BILLED
L8220		GRADIENT COMPRESSION STOCKING LYMPHEDEMA	\$28.71	\$28.71
L8230		GRADIENT COMPRESSION STOCKING GARTER BELT	80% OF BILLED	75% OF BILLED
L8239		GRADIENT COMPRESSION STOCKING NOT OTHERWISE SPECIFIED	80% OF BILLED	75% OF BILLED
L8300		TRUSSES SINGLE WITH STANDARD PAD	80% OF BILLED	\$77.19
L8310		TRUSSES DOUBLE WITH STANDARD PADS	80% OF BILLED	\$124.49
L8320		TRUSSES ADDITION TO STANDARD PADS WATER PAD	80% OF BILLED	\$42.87
L8330		TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD	80% OF BILLED	\$39.59
L8400		PROSTHETIC SHEATH BELOW KNEE EACH	80% OF BILLED	\$12.62
L8410		PROSTHETIC SHEATH ABOVE KNEE EACH	80% OF BILLED	\$17.56
L8415		PROSTHETIC SHEATH UPPER LIMB EACH	80% OF BILLED	\$18.98
L8417		PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH	\$57.91	\$61.32
L8420		PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH	80% OF BILLED	\$15.60
L8430		PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH	80% OF BILLED	\$19.69
L8435		PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH	80% OF BILLED	\$16.86
L8440		PROSTHETIC SHRINKER BELOW KNEE EACH	80% OF BILLED	\$33.54
L8460		PROSTHETIC SHRINKER ABOVE KNEE EACH	80% OF BILLED	\$53.45
L8465		PROSTHETIC SHRINKER UPPER LIMB EACH	80% OF BILLED	\$39.12
L8470		PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH	\$17.51	\$7.14
L8480		PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH	\$17.51	\$9.84
L8485		PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH	\$9.24	\$10.68

Proposed Fee Schedule - Durable Medical Equipment, Orthotics, Prosthetics and Supplies

Proc	Mod	Description (Short)	Current Fee	Proposed Fee
L8490		ADD TO PROSTHETIC SHEATH/SOCK AIR SEAL SUCTION RETENTION SYS	\$96.60	\$111.58
L8499		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC	80% OF BILLED	75% OF BILLED
L8500		ARTIFICIAL LARYNX ANY TYPE	80% OF BILLED	\$96.88
L8501		TRACHEOSTOMY SPEAKING VALVE	80% OF BILLED	75% OF BILLED
L8505		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	80% OF BILLED	75% OF BILLED
L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	\$33.78	\$34.15
L8509		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE	\$88.07	\$89.04
L8510		VOICE AMPLIFIER	\$203.82	\$206.06
V2623		PROSTHETIC EYE PLASTIC CUSTOM	\$1,002.93	\$761.71
V2624		POLISHING/RESURFACING OF OCULAR PROSTHESIS	80% OF BILLED	\$62.10
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	80% OF BILLED	\$391.40
V2626		REDUCTION OF OCULAR PROSTHESIS	80% OF BILLED	\$160.00
V2627		PROSTHETIC EYE SCLERAL COVER SHELL	80% OF BILLED	\$1,342.78
V2628		FABRICATION AND FITTING OF OCULAR COMFORMER	\$292.98	\$325.33
V5266		BATTERY FOR USE IN HEARING DEVICE	\$1.21	\$1.21
W2934		PKU METABOLIC FOOD	80% OF BILLED	75% OF BILLED